

## Section 5 – TOPICAL MODULES

### Part A – WORK SCHEDULE

**CHECK  
ITEM T1**

Is "Worked" (code 170)  
marked on the ISS?

8000

1 ☐ Yes

2 ☐ No – SKIP to Check Item T2, page 56

ASK OR VERIFY –

1a. Did . . . work at all last month?

8001

1 ☐ Yes

2 ☐ No – SKIP to Check Item T2, page 56

**STATEMENT C**

These next few questions ask about . . . 's work  
schedule during a typical week last month.

1b. How many employers did . . .  
work for during a typical week?

8002

1 ☐ 1

2 ☐ 2

3 ☐ 3 +

(Count self-employed as one  
employer.)

If two or more employers, ask  
items 1c-1i for the first job, then  
repeat for the second job.

JOB 1

JOB 2

c. How many hours per day  
did . . . work that week?

8004

:  Hours

8006

:  Hours

d. How many days did . . .  
work during that week?

8008

Days

8010

Days

e. Which days of the week were  
these?

Mark (X) all that apply.

8012

1 ☐ Monday through Friday

8016

2 ☐ Sunday

8020

3 ☐ Monday

8024

4 ☐ Tuesday

8028

5 ☐ Wednesday

8032

6 ☐ Thursday

8036

7 ☐ Friday

8040

8 ☐ Saturday

8044

x5 ☐ All seven days

8014

1 ☐ Monday through Friday

8018

2 ☐ Sunday

8022

3 ☐ Monday

8026

4 ☐ Tuesday

8030

5 ☐ Wednesday

8034

6 ☐ Thursday

8038

7 ☐ Friday

8042

8 ☐ Saturday

8046

x5 ☐ All seven days

f. During that week, at what  
time of day did . . . begin  
work most days?

8048

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8050

8052

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8054

g. At what time of day did . . .  
end work most days?

8056

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8058

8060

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8062

NOTES

TOPICAL MODULES

Section 5 - TOPICAL MODULES (Continued)			
Part A - WORK SCHEDULE (Continued)			
		JOB 1	JOB 2
<b>1h. Which of the following best describes . . . 's work schedule at this job?</b> (SHOW FLASHCARD KK) Mark (X) only one.		<b>8064</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Regular daytime schedule</li> <li>2 <input type="checkbox"/> Regular evening shift</li> <li>3 <input type="checkbox"/> Regular night shift</li> <li>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</li> <li>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</li> <li>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</li> <li>7 <input type="checkbox"/> Other - Specify <u>      </u></li> </ul>	<b>8066</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Regular daytime schedule</li> <li>2 <input type="checkbox"/> Regular evening shift</li> <li>3 <input type="checkbox"/> Regular night shift</li> <li>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</li> <li>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</li> <li>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</li> <li>7 <input type="checkbox"/> Other - Specify <u>      </u></li> </ul>
<b>i. What is the MAIN reason . . . works</b> (Read shift description marked in item 1h)? Mark (X) only one.		<b>8068</b> <p>VOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Better child care arrangements</li> <li>2 <input type="checkbox"/> Better pay</li> <li>3 <input type="checkbox"/> Better arrangements for care of other family members</li> <li>4 <input type="checkbox"/> Allows time for school</li> <li>5 <input type="checkbox"/> Other voluntary reasons</li> </ul> <p>INVOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>6 <input type="checkbox"/> Could not get any other job</li> <li>7 <input type="checkbox"/> Requirement of the job</li> <li>8 <input type="checkbox"/> Other involuntary reasons</li> </ul>	<b>8070</b> <p>VOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Better child care arrangements</li> <li>2 <input type="checkbox"/> Better pay</li> <li>3 <input type="checkbox"/> Better arrangements for care of other family members</li> <li>4 <input type="checkbox"/> Allows time for school</li> <li>5 <input type="checkbox"/> Other voluntary reasons</li> </ul> <p>INVOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>6 <input type="checkbox"/> Could not get any other job</li> <li>7 <input type="checkbox"/> Requirement of the job</li> <li>8 <input type="checkbox"/> Other involuntary reasons</li> </ul>
<b>CHECK ITEM T1.1</b>	Refer to item 1b. Is there another job to ask about? (Is box 2 or 3 marked?)	<b>8072</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Yes - ASK items 1c through 1i for next job</li> <li>2 <input type="checkbox"/> No - Go to Check Item T2, page 56</li> </ul>	Go to Check Item T2, page 56
<b>NOTES</b>			

## Section 5 – TOPICAL MODULES (Continued)

### Part B – CHILD CARE

<b>CHECK ITEM T2</b>	<i>Refer to cc items 27 and 24.</i> Is . . . the designated parent or guardian of children under 6 years of age who live in this household?	<b>8100</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 61</i>
<b>CHECK ITEM T3</b>	Is "Worked" (code 170) marked on the ISS?	<b>8105</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM T4</b>	<i>Refer to item 30a, page 13.</i> Was . . . enrolled in school during the reference period?	<b>8106</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i>
<b>1a. About how many hours per week did . . . usually spend in school last month?</b>		<b>8107</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <span style="font-size: 10px;"> </span> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <span style="font-size: 10px;"> </span> </div> <div>Hours</div> </div> <div style="margin-top: 5px;">                     OR                      x1 <input type="checkbox"/> Hours varied                      x2 <input type="checkbox"/> DK                      x3 <input type="checkbox"/> Not enrolled last month                 </div> <div style="font-size: 2em; margin-left: 10px; margin-top: -20px;">}</div> <div style="margin-left: 10px; margin-top: -10px;"><i>SKIP to Check Item T6</i></div>
<b>CHECK ITEM T5</b>	<i>Refer to item 2a, page 2.</i> Did . . . spend any time looking for work or on layoff from a job during the reference period?	<b>8108</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 61</i>
<b>1b. About how many hours per week did . . . usually spend looking for a job last month?</b>		<b>8109</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <span style="font-size: 10px;"> </span> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <span style="font-size: 10px;"> </span> </div> <div>Hours</div> </div> <div style="margin-top: 5px;">                     OR                      x1 <input type="checkbox"/> Hours varied                      x2 <input type="checkbox"/> DK                      x3 <input type="checkbox"/> Did not look for a job last month – <i>SKIP to Check Item T12, page 61</i> </div>

NOTES



# Section 5 - TOPICAL MODULES (Continued)

## Part B - CHILD CARE (Continued)

CHECK ITEM T6	Refer to cc items 18, 19, 24, and 27	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST	
		Person No.	Age	Person No.	Age	Person No.	Age
	Beginning with the youngest child enter person numbers, ages, and names of children under 6, who are household members, for whom the person is a parent or guardian.	8114		8116		8118	
		Name		Name		Name	
Ask 2a-3f for the youngest child and then ask 2a-3f for the second and third youngest.							
<p><b>Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job).</b></p> <p><b>2a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was in school/was looking for a job)?</b></p> <p>Mark the arrangement in which the child spent the most hours in a typical week last month.</p> <p>Mark (X) only one box.</p>		<p>8120</p> <p><input type="checkbox"/> Child's other parent/stepparent</p> <p><input type="checkbox"/> Child's brother/sister</p> <p><input type="checkbox"/> Child's grandparent</p> <p><input type="checkbox"/> Other relative of child</p> <p><input type="checkbox"/> Nonrelative of child</p> <p><input type="checkbox"/> Child in day/group care center</p> <p><input type="checkbox"/> Child in nursery/preschool</p> <p><input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p><input type="checkbox"/> Child in kindergarten or elementary school</p> <p><input type="checkbox"/> Child cares for self</p> <p><input type="checkbox"/> . . . works at home</p> <p><input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p><input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p><input type="checkbox"/> . . . did not work, go to school, or look for job last month</p> <p>SKIP to Check Item T7</p> <p>SKIP to next child or Ck. Item T12, Pg. 61</p> <p>SKIP to T12 page 61</p>	<p>8122</p> <p><input type="checkbox"/> Child's other parent/stepparent</p> <p><input type="checkbox"/> Child's brother/sister</p> <p><input type="checkbox"/> Child's grandparent</p> <p><input type="checkbox"/> Other relative of child</p> <p><input type="checkbox"/> Nonrelative of child</p> <p><input type="checkbox"/> Child in day/group care center</p> <p><input type="checkbox"/> Child in nursery/preschool</p> <p><input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p><input type="checkbox"/> Child in kindergarten or elementary school</p> <p><input type="checkbox"/> Child cares for self</p> <p><input type="checkbox"/> . . . works at home</p> <p><input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p><input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>SKIP to Check Item T7</p> <p>SKIP to next child or Ck. Item T12, Pg. 61</p>	<p>8124</p> <p><input type="checkbox"/> Child's other parent/stepparent</p> <p><input type="checkbox"/> Child's brother/sister</p> <p><input type="checkbox"/> Child's grandparent</p> <p><input type="checkbox"/> Other relative of child</p> <p><input type="checkbox"/> Nonrelative of child</p> <p><input type="checkbox"/> Child in day/group care center</p> <p><input type="checkbox"/> Child in nursery/preschool</p> <p><input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p><input type="checkbox"/> Child in kindergarten or elementary school</p> <p><input type="checkbox"/> Child cares for self</p> <p><input type="checkbox"/> . . . works at home</p> <p><input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p><input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>SKIP to Check Item T7</p> <p>SKIP to next child or Ck. Item T12, Pg. 61</p>			
<p><b>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</b></p>		<p>8126</p> <p><input type="checkbox"/> Child's home</p> <p><input type="checkbox"/> Other private home</p> <p><input type="checkbox"/> Other place</p>	<p>8128</p> <p><input type="checkbox"/> Child's home</p> <p><input type="checkbox"/> Other private home</p> <p><input type="checkbox"/> Other place</p>	<p>8130</p> <p><input type="checkbox"/> Child's home</p> <p><input type="checkbox"/> Other private home</p> <p><input type="checkbox"/> Other place</p>			
<p><b>CHECK ITEM T7</b> Is box 3-8 marked in item 2a?</p>		<p>8132</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>	<p>8134</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>	<p>8136</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>			
<p><b>2c. Was any money payment usually made for this arrangement?</b></p>		<p>8138</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>	<p>8140</p> <p><input type="checkbox"/> Yes - SKIP to 2d</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>	<p>8142</p> <p><input type="checkbox"/> Yes - SKIP to 2d</p> <p><input type="checkbox"/> No - SKIP to 2f, page 58</p>			
<p><b>CHECK ITEM T8</b> Are there 2 or more children listed in Check Item T6?</p>		<p>8144</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 2e</p>					
<p><b>2d. Does . . . (or . . . 's family) pay for (Name of child's) child care separately, or does the payment for the care you just described also cover another one of your children?</b></p>		<p>8146</p> <p><input type="checkbox"/> Payment for youngest child separately</p> <p><input type="checkbox"/> Includes another child</p>	<p>8148</p> <p><input type="checkbox"/> Payment for second youngest child separately</p> <p><input type="checkbox"/> Includes another child</p>	<p>8150</p> <p><input type="checkbox"/> Payment for third youngest child separately</p> <p><input type="checkbox"/> Includes another child</p>			
<p><b>ASK OR VERIFY -</b></p> <p><b>e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)</b></p>		<p>8152</p> <p>\$ .00 Per week</p> <p>X1 <input type="checkbox"/> DK</p> <p>Previously recorded for -</p> <p>X2 <input type="checkbox"/> Youngest child</p>	<p>8154</p> <p>\$ .00 Per week</p> <p>X1 <input type="checkbox"/> DK</p> <p>Previously recorded for -</p> <p>X2 <input type="checkbox"/> Youngest child</p>	<p>8156</p> <p>\$ .00 Per week</p> <p>X1 <input type="checkbox"/> DK</p> <p>Previously recorded for -</p> <p>X2 <input type="checkbox"/> Youngest child</p> <p>X3 <input type="checkbox"/> Second youngest</p>			



# Section 5 - TOPICAL MODULES (Continued)

## Part B - CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<b>2f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job) last month?</b>	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
<b>g. Was any other arrangement usually used for (Name of child) in a typical week last month?</b>	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T11
<b>3a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked (was in school/was looking for a job)?</b>  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>
<b>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</b>	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
<b>CHECK ITEM T9</b> Is box 3-8 marked in item 3a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f
<b>3c. Was any money payment usually made for this arrangement?</b>	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8190 1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No - SKIP to 3f	8192 1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No - SKIP to 3f
<b>CHECK ITEM T10</b> Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3e		
<b>3d. ASK OR VERIFY - Does ... (or ...'s family) pay for (Name of child's) child care separately, or does the payment for the care you just described also cover another one of your children?</b>	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
<b>e. ASK OR VERIFY - In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)</b>	8202 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK	8204 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
<b>f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job)?</b>	8208 <input type="text"/> <input type="text"/> Hours  SKIP to next child or Check Item T11	8210 <input type="text"/> <input type="text"/> Hours  SKIP to next child or Check Item T11	8212 <input type="text"/> <input type="text"/> Hours  Go to Check Item T11

## Section 5 – TOPICAL MODULES (Continued)

### Part B – CHILD CARE (Continued)

**CHECK  
ITEM T11**

Refer to cc items 27 and 24.

8322

- 1 ☐ Yes  
2 ☐ No – SKIP to 4b

Is . . . the designated parent or guardian of 4 or more children under 6 years of age who live in this household?

**4a. Considering all of . . . 's children under 6 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?**

(Exclude the cost of school tuition for kindergarten or elementary school.)

8324

\$  .  00 Per week

- x2 ☐ All costs already recorded for the three youngest children

**b. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for any of your children under age 6 at that time, even for less than a day, because your usual child care provider was not available?**

(Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider, even for part of the day.)

8326

- 1 ☐ Yes  
2 ☐ No – SKIP to Check Item T12, page 61

**c. When these changes in arrangements for your children under age 6 occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting), even for part of the day?**

8328

- 1 ☐ Yes, respondent lost time  
2 ☐ Yes, spouse lost time  
3 ☐ Both, respondent and spouse lost time  
4 ☐ No  
x1 ☐ DK

NOTES

NOTES



# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS

### CHECK ITEM T12

Refer to cc items 24 and 25.

Is . . . the parent of children under 21  
years of age who live in this household?

- 8400 1 ☐ Yes  
2 ☐ No – SKIP to part D, page 77

### 1a. Does . . . have any children of . . . 's own in this household under 21 years of age who have a parent living elsewhere?

(Do not include adoptive or biological parents who  
would be living at home except for military or  
other job related absences.)

- 8401 1 ☐ Yes  
2 ☐ No – SKIP to part D, page 77

### b. How many of . . . 's own children living here have a parent living elsewhere?

(Do not include adoptive or biological parents who  
would be living at home except for military or  
other job related absences.)

8402   Children

### c. Which of . . . 's children are those?

(Record person number and name of children in column A, below.)  
(List children by age, youngest first.)

A		B	C	D
Children under 21 with parent living elsewhere		NO SUPPORT agreement	MOST RECENT agreement	ALL OTHER agreements
Person No.	Name			
8403 <input type="text"/> <input type="text"/> <input type="text"/>		8404 1 <input type="checkbox"/> Yes	8405 1 <input type="checkbox"/> Yes	8406 1 <input type="checkbox"/> Yes
8407 <input type="text"/> <input type="text"/> <input type="text"/>		8408 1 <input type="checkbox"/> Yes	8409 1 <input type="checkbox"/> Yes	8410 1 <input type="checkbox"/> Yes
8411 <input type="text"/> <input type="text"/> <input type="text"/>		8412 1 <input type="checkbox"/> Yes	8413 1 <input type="checkbox"/> Yes	8414 1 <input type="checkbox"/> Yes
8415 <input type="text"/> <input type="text"/> <input type="text"/>		8416 1 <input type="checkbox"/> Yes	8417 1 <input type="checkbox"/> Yes	8418 1 <input type="checkbox"/> Yes
8419 <input type="text"/> <input type="text"/> <input type="text"/>		8420 1 <input type="checkbox"/> Yes	8421 1 <input type="checkbox"/> Yes	8422 1 <input type="checkbox"/> Yes
8423 <input type="text"/> <input type="text"/> <input type="text"/>		8424 1 <input type="checkbox"/> Yes	8425 1 <input type="checkbox"/> Yes	8426 1 <input type="checkbox"/> Yes
8427 <input type="text"/> <input type="text"/> <input type="text"/>		8428 1 <input type="checkbox"/> Yes	8429 1 <input type="checkbox"/> Yes	8430 1 <input type="checkbox"/> Yes
8431 <input type="text"/> <input type="text"/> <input type="text"/>		8432 1 <input type="checkbox"/> Yes	8433 1 <input type="checkbox"/> Yes	8434 1 <input type="checkbox"/> Yes

### 1d. These next few questions concern child support.

Child support payments can be specified in  
written or verbal child support agreements.  
Have child support payments ever been agreed  
to or awarded for (this child/ANY OF these  
children).

- 8435 1 ☐ Yes  
2 ☐ No – For each child listed in column A, mark  
the "Yes" box in column B and SKIP to 5a,  
page 71

### CHECK ITEM T13

Refer to column A above.

Is only one person number entered?

- 8436 1 ☐ Yes – Mark the "Yes" box in column C for  
this child and SKIP to 2a.  
2 ☐ No

### 1e. How many children are covered by a child support agreement?

8437   Children

### f. Are . . . 's children that we have just listed covered by different child support agreements? By that, we mean separate agreements involving different absent parents.

- 8438 1 ☐ Yes  
2 ☐ No – SKIP to 1j

### g. How many different child support agreements cover these children?

8439   Number of agreements

### h. Which of these children are covered by the MOST RECENT AGREEMENT?

(Refer to the children listed in column A)  
(For each child mentioned, mark the "Yes" box in column C of the roster.)

### i. Which of these children are covered by any OTHER child support agreements, either written or verbal?

(Refer to the children listed in column A. For each child mentioned, mark the "Yes" box in column D of the roster)  
(Please note that a child cannot have more than one "Yes" box marked.)  
(SKIP to Check Item T14, page 62)

### j. Which (child/children) (is/are) covered by the agreement?

(Refer to the children listed in column A)  
(For each child mentioned, mark the "Yes" box in column C of the roster.)

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

**CHECK  
ITEM T14**

Refer to the roster.

Do any of the children in the roster  
NOT HAVE "Yes" marked in column C  
or D?

8440

- 1 ☐ Yes  
2 ☐ No – SKIP to 2a.

**1k. Which of these children are NOT covered by ANY child support agreements?**

(Refer to the children listed in column A)

(For each child mentioned, mark the "Yes" box in column B of the roster.)

(Please note that a child cannot have more than one "Yes" box marked.)

**2a. The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.**  
(If names in column A marked "Yes" in column C)  
**This is the agreement covering (Read names). Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?**

8441

- 1 ☐ Voluntary written agreement ratified by the court  
2 ☐ Court-ordered agreement  
3 ☐ Other type of written agreement – Specify         
4 ☐ Non-written (verbal) agreement – SKIP to 3a, page 64

**b. In what year was this agreement FIRST reached?**

8442

1 9

x1 ☐ DK

**c. What was the dollar amount of that agreement?**

8443

\$ 00 Per week

8444

\$ 00 Biweekly

8445

\$ 00 Per month

8446

\$ 00 Per year

8447

x1 ☐ DK

**d. Has the dollar amount ever been changed?**

8448

- 1 ☐ Yes  
2 ☐ No – SKIP to 2h

**e. In what year was the amount LAST changed?**

8449

1 9

x1 ☐ DK

**f. What was the dollar amount for the agreement after the last change?**

8450

\$ 00 Per week

8451

\$ 00 Biweekly

8452

\$ 00 Per month

8453

\$ 00 Per year

8454

x1 ☐ DK

**g. Was this change made or agreed to by a government agency such as a court or child support agency?**

8455

- 1 ☐ Yes  
2 ☐ No

**h. Were any payments due in the last 12 months?**

8456

- 1 ☐ Yes – SKIP to 2j  
2 ☐ No

**i. Why were no payments due in the last 12 months?**

8457

- 1 ☐ Child(ren) over the age limit  
2 ☐ Other parent not working  
3 ☐ Other parent in jail or institution  
4 ☐ Payment suspended by court or agency  
5 ☐ Other – Specify

SKIP to 2n

**j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?**

8458

\$ 00

x1 ☐ DK

# Section 5 - TOPICAL MODULES (Continued)

## Part C - CHILD SUPPORT AGREEMENTS (Continued)

2k. How are the payments supposed to be received? Are they received - (Read responses.)	<div>8459</div> <div> <input type="checkbox"/> Directly from the other parent?  <input type="checkbox"/> Through a court?  <input type="checkbox"/> Through the welfare or child support agency?  <input type="checkbox"/> Some other method - Specify <u>                    </u> </div> <div> X1 <input type="checkbox"/> DK </div>
l. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?	<div>8460</div> <div> <div>\$ <input type="text"/></div> <div><input type="text"/> 00</div> </div> <div> X3 <input type="checkbox"/> None - SKIP to 2n  X1 <input type="checkbox"/> DK </div>
m. How regularly are child support payments received? Are they received - (Read responses)	<div>8461</div> <div> <input type="checkbox"/> All of the time  <input type="checkbox"/> Most of the time  <input type="checkbox"/> Some of the time  <input type="checkbox"/> None of the time </div>
n. Under the terms of the agreement with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?	<div>8462</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No - SKIP to 2p  X1 <input type="checkbox"/> DK </div>
o. Would you say the amount of back payments due . . . is - (Read responses)	<div>8463</div> <div> <input type="checkbox"/> Less than \$500  <input type="checkbox"/> Between \$500 and \$5,000  <input type="checkbox"/> More than \$5,000  X1 <input type="checkbox"/> DK </div>
p. What kinds of provisions for health care costs are included in the child support agreement? Mark (X) all that apply.	<div>8464</div> <input type="checkbox"/> Non-custodial parent to provide health insurance <div>8465</div> <input type="checkbox"/> Custodial parent to provide health insurance <div>8466</div> <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly <div>8467</div> <input type="checkbox"/> Child support payments to include cash medical support <div>8468</div> <input type="checkbox"/> None <div>8469</div> <input type="checkbox"/> Other - Specify <u>                    </u>
q. What child custody arrangements does the most recent agreement specify?	<div>8470</div> <div> <input type="checkbox"/> Joint legal and physical custody  <input type="checkbox"/> Joint legal with mother physical custody  <input type="checkbox"/> Joint legal with father physical custody  <input type="checkbox"/> Mother legal and physical custody  <input type="checkbox"/> Father legal and physical custody  <input type="checkbox"/> Split custody  <input type="checkbox"/> Other - Specify <u>                    </u> </div>
r. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?	<div>8471</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div>
<div>CHECK ITEM T15</div> <div>Refer to the roster, column C. Is more than one child marked "Yes"?</div>	<div>8472</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No - SKIP to 2t </div>
2s. Did all the children visit the other parent about the same number of days in the last 12 months?	<div>8473</div> <div> <input type="checkbox"/> Yes - ASK 2t for all children  <input type="checkbox"/> No - ASK 2t for oldest child </div>
t. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?	<div>8474</div> <input type="text"/> Days <div>8475</div> <input type="text"/> Weeks <div>8476</div> <input type="text"/> Months <div>8477</div> X3 <input type="checkbox"/> None <div>8478</div> X1 <input type="checkbox"/> DK



## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

**2u. Where does the other parent (for this agreement) now live?**

- 8479
- 1 ☐ Same county / city
  - 2 ☐ Same State (different county / city)
  - 3 ☐ Different State
  - 4 ☐ Other parent now deceased – *SKIP to Check Item T17, page 71*
  - 5 ☐ Other – Specify
  - 6 ☐ Unknown – *SKIP to Check Item T17, page 71*

**v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?**

- 8480
- 1 ☐ Yes – *SKIP to Check Item T17, page 71*
  - 2 ☐ No

**w. Who moved?**

- 8481
- 1 ☐ Respondent
  - 2 ☐ Other parent
  - 3 ☐ Both respondent and other parent
- } *SKIP to Check Item T17, page 71*

**3a. Now I would like to ask a few questions specifically about this most recent, non-written, child support agreement or understanding. In what year was this (agreement/understanding) FIRST reached?**

8482    1   9  

x1 ☐ DK

**b. What was the dollar amount of that (agreement/understanding)?**

8483    \$  . 00    Per week

8484    \$  . 00    Biweekly

8485    \$  . 00    Per month

8486    \$  . 00    Per year

8487    x1 ☐ DK

**c. Has the dollar amount ever been changed?**

- 8488
- 1 ☐ Yes
  - 2 ☐ No – *SKIP to 3f*

**d. In what year was the amount LAST changed?**

8489    1   9  

x1 ☐ DK

**e. What was the dollar amount for the (agreement/understanding) after the last change?**

8490    \$  . 00    Per week

8491    \$  . 00    Biweekly

8492    \$  . 00    Per month

8493    \$  . 00    Per year

8494    x1 ☐ DK

**f. Were any payments to be received in the last 12 months?**

- 8495
- 1 ☐ Yes – *SKIP to 3h*
  - 2 ☐ No

**g. Why were no payments due in the last 12 months?**

- 8496
- 1 ☐ Child(ren) too old
  - 2 ☐ Other parent not working
  - 3 ☐ Other parent in jail or institution
  - 4 ☐ Other – Specify
- } *SKIP to 3k*

**h. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement/understanding)?**

8497    \$  . 00

x1 ☐ DK

**i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?**

8498    \$  . 00

x3 ☐ None – *SKIP to 3k*

x1 ☐ DK

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

<b>3j. How regularly are child support payments received? Are they received – (Read responses)</b>	8499	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 None of the time
<b>k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?</b>	8500	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3m <input type="checkbox"/> x1 DK
<b>l. Would you say the amount of back payments due . . . is – (Read responses)</b>	8501	<input type="checkbox"/> 1 Less than \$500 <input type="checkbox"/> 2 Between \$500 and \$5,000 <input type="checkbox"/> 3 More than \$5,000 <input type="checkbox"/> x1 DK
<b>m. What kinds of provisions for health care costs were agreed to?</b> <i>Mark (X) all that apply.</i>	8502	<input type="checkbox"/> 1 Non-custodial parent to provide health insurance <input type="checkbox"/> 2 Custodial parent to provide health insurance <input type="checkbox"/> 3 Non-custodial parent to pay actual medical costs directly <input type="checkbox"/> 4 Child support payments to include cash medical support <input type="checkbox"/> 5 None <input type="checkbox"/> 6 Other – Specify <u>      </u>
<b>n. What child custody arrangements does the (agreement/understanding) specify?</b>	8508	<input type="checkbox"/> 1 Child(ren) live with mother <input type="checkbox"/> 2 Child(ren) live with father <input type="checkbox"/> 3 Child(ren) live with mother and with father <input type="checkbox"/> 4 None <input type="checkbox"/> 5 Other – Specify <u>      </u>
<b>o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?</b>	8509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
<b>CHECK ITEM T16</b> Refer to the roster, column C. Is more than one child marked "Yes"?	8510	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3q
<b>3p. Did all the children visit the other parent about the same number of days in the last 12 months?</b>	8511	<input type="checkbox"/> 1 Yes – ASK 3q for all children <input type="checkbox"/> 2 No – ASK 3q for oldest child
<b>q. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?</b>	8512	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Days</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Weeks</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Months</div> </div> <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK
<b>CHECK ITEM T16a</b> Refer to cc item 28. Is . . . male/female?	8517	<input type="checkbox"/> 1 Male – SKIP to 3s, page 70 <input type="checkbox"/> 2 Female
<b>CHECK ITEM T16b</b> Refer to cc item 26a. What is . . . 's Marital Status?	8518	<input type="checkbox"/> 1 Never Married – GO to Check Item T16c, page 66 <input type="checkbox"/> 2 All others – SKIP to Check Item T16e, page 68
NOTES		

# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS (Continued)

### NEVER MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T16c	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Record person number, age, and name of every child marked "Yes" in column C, page 61.  (Record youngest to oldest)	8519 <input type="text"/> <input type="text"/> Person No. 8527 <input type="text"/> <input type="text"/> Age Name _____	8520 <input type="text"/> <input type="text"/> Person No. 8528 <input type="text"/> <input type="text"/> Age Name _____	8521 <input type="text"/> <input type="text"/> Person No. 8529 <input type="text"/> <input type="text"/> Age Name _____
<b>3r.1</b> One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.  (Ask 3r.2–3r.6 for the first child recorded in Check Item T16c before moving on to next child recorded in Check Item T16c)			
<b>3r.2</b> Was (Child's name) father ever legally identified by a court ruling?	8535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>3r.3</b> Was (Child's name) father ever legally identified by a blood test or other genetic test?	8543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>3r.4</b> Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>3r.5</b> Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>3r.6</b> Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T16d</b>  Are there any more children recorded in Check Item T16c?	8575 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8576 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8577 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70

NOTES



# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8522 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8523 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8524 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8525 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8526 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
8530 <input type="text"/> <input type="text"/> Age	8531 <input type="text"/> <input type="text"/> Age	8532 <input type="text"/> <input type="text"/> Age	8533 <input type="text"/> <input type="text"/> Age	8534 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8538 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8539 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8541 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8546 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8547 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8548 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8578 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8579 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8580 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8581 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	SKIP to 3s, page 70

NOTES

# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS (Continued)

### CURRENTLY MARRIED, OR ONCE MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T16e	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Record person number, age, and name of every child marked "Yes" in column C, page 61.  (Record youngest to oldest)	<b>8583</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.  <b>8591</b> <input type="text"/> <input type="text"/> Age  Name _____	<b>8584</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.  <b>8592</b> <input type="text"/> <input type="text"/> Age  Name _____	<b>8585</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.  <b>8593</b> <input type="text"/> <input type="text"/> Age  Name _____
<b>3r.7</b> One reason a parent might not have a written agreement about child support payments is because the child's father was never <b>LEGALLY IDENTIFIED</b> . One way to legally identify the child's father is through marriage.			
<b>3r.8</b> Was . . . ever married to (Child's name) father?	<b>8599</b> 1 <input type="checkbox"/> Yes – SKIP to 3s, page 70 2 <input type="checkbox"/> No		
<b>3r.9</b> Was (Child's name) father ever legally identified by a court ruling?	<b>8600</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8601</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>3r.10</b> Was (Child's name) father ever legally identified by a blood test or other genetic test?	<b>8608</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8609</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>3r.11</b> Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	<b>8616</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8617</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>3r.12</b> Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	<b>8624</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8625</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8626</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>3r.13</b> Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	<b>8632</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8633</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8634</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>CHECK ITEM T16f</b>  Are there any more children recorded in Check Item T16e?	<b>8640</b> 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	<b>8641</b> 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	<b>8642</b> 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70
NOTES			

# Section 5 - TOPICAL MODULES (Continued)

## Part C - CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8586 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8587 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8588 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8589 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8590 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
8594 <input type="text"/> <input type="text"/> Age	8595 <input type="text"/> <input type="text"/> Age	8596 <input type="text"/> <input type="text"/> Age	8597 <input type="text"/> <input type="text"/> Age	8598 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8603 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8605 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8607 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8643 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	8644 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	8645 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	8646 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	SKIP to 3s, page 70

NOTES



**Section 5 – TOPICAL MODULES (Continued)****Part C – CHILD SUPPORT AGREEMENTS (Continued)**

**3s. Why was this (agreement/understanding) never put in writing?**

Mark (X) all that apply.

8648

1 ☐ Legal paternity not established

8649

2 ☐ Unable to locate parent

8650

3 ☐ Other parent unable to pay

8651

4 ☐ Final agreement pending

8652

5 ☐ Accepted property settlement in lieu of child support

8653

6 ☐ Do not want a legal child support award

8654

7 ☐ Did not pursue award

8655

8 ☐ Other – Specify       

**t. Where does the other parent (for this agreement/understanding) now live?**

8656

1 ☐ Same county / city

2 ☐ Same State (different county / city)

3 ☐ Different State

4 ☐ Other parent now deceased – SKIP to Check item T17

5 ☐ Other – Specify       

6 ☐ Unknown – SKIP to Check Item T17

**u. Do you and the other parent still live in the same State(s) where the initial child support (agreement/understanding) was reached?**

8658

1 ☐ Yes – SKIP to Check Item T17

2 ☐ No

**v. Who moved?**

8660

1 ☐ Respondent

2 ☐ Other parent

3 ☐ Both respondent and other parent

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

**CHECK  
ITEM T17**

Refer to the roster, column D.  
Were any other of . . . 's own children  
covered by another agreement?

- 8662 1 ☐ Yes  
2 ☐ No – SKIP to 5a

**4a. Now I would like to ask a few questions about  
the other child support agreement(s) you had  
for your children ("Yes" marked in column D,  
page 61).**

**What is the total amount that . . . was  
supposed to have received in child support  
payments under this (these) agreement(s),  
during the last 12 months?**

8664 \$  . 00 Per week

8666 \$  . 00 Biweekly

8668 \$  . 00 Per month

8670 \$  . 00 Per year

- 8672 x1 ☐ DK  
x3 ☐ None

**b. What is the total amount that . . . actually  
received in child support payments under this  
(these) agreement(s), during the last 12  
months?**

8674 \$  . 00

- x3 ☐ None  
x1 ☐ DK

**5a. This next question refers to all of . . . 's  
children.**

**For any of . . . 's children, has . . . ever asked a  
public agency (such as the child support  
enforcement office or welfare agency) for help  
in obtaining child support?**

- 8676 1 ☐ Yes  
2 ☐ No – SKIP to Check Item T18, page 72

**b. In what year did . . . LAST ASK for help?**

8678 1 9

- x1 ☐ DK

**c. What type of help did . . . ask for (Last contact)?**  
Mark (X) all that apply.

- 8680 1 ☐ Locate the other parent  
8682 2 ☐ Establish paternity  
8684 3 ☐ Establish support obligation  
8686 4 ☐ Establish medical support  
8688 5 ☐ Enforce support order  
8690 6 ☐ Modify an order  
8692 7 ☐ Other – Specify

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

<b>d. Did . . . receive any help from the agency</b> <i>(Last contact)?</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8694</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>
<b>e. What kind of help did . . . receive</b> <i>(Last contact)?</i> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8696</div> 1 <input type="checkbox"/> Locate the other parent <div style="border: 1px solid black; padding: 2px; display: inline-block;">8698</div> 2 <input type="checkbox"/> Establish paternity <div style="border: 1px solid black; padding: 2px; display: inline-block;">8700</div> 3 <input type="checkbox"/> Establish support obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">8702</div> 4 <input type="checkbox"/> Establish medical support <div style="border: 1px solid black; padding: 2px; display: inline-block;">8704</div> 5 <input type="checkbox"/> Enforce support order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8706</div> 6 <input type="checkbox"/> Modify an order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8708</div> 7 <input type="checkbox"/> Other – <i>Specify</i> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<b>CHECK ITEM T18</b> <i>Are any children listed in column A, page 61 of the roster marked "Yes" in column B (Children with NO support agreement)?</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8710</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12, page 76</i>
<b>CHECK ITEM T19</b> <i>Refer to cc item 28.</i> <i>What is . . .'s sex?</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8712</div> 1 <input type="checkbox"/> Male – <i>SKIP to Check Item T27, page 76</i> 2 <input type="checkbox"/> Female
<b>CHECK ITEM T20</b> <i>Refer to cc item 26a.</i> <i>What is . . .'s Marital Status?</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8714</div> 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> All others – <i>SKIP to Check Item T22, page 74</i>

NEVER MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT			
<b>CHECK ITEM T21a</b>  <i>Record person number, age, and name of every child marked "Yes" in column B, page 61.</i>  <i>(Record youngest to oldest)</i>	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8715</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Person No.</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8716</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Person No.</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8717</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Person No.</div>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8723</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Age</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8724</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Age</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8725</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">Age</div>
	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">Name</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">Name</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">Name</div>
<b>6. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.</b>  <i>(Ask 6a–6e for the first child recorded in Check Item T21a before moving on to the next child recorded in Check Item T21a)</i>			
<b>6a. Was (Child's name) father ever legally identified by a court ruling?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8731</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8732</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8733</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>6b. Was (Child's name) father ever legally identified by a blood test or other genetic test?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8739</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8740</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8741</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>6c. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8747</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8748</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8749</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>6d. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8755</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8756</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8757</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>6e. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8763</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8764</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8765</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T21b</b>  <i>Are there any more children recorded in Check Item T21a?</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8771</div> 1 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8772</div> 1 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8773</div> 1 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>



# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
<b>8718</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>8726</b> <input type="text"/> <input type="text"/> Age Name _____	<b>8719</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>8727</b> <input type="text"/> <input type="text"/> Age Name _____	<b>8720</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>8728</b> <input type="text"/> <input type="text"/> Age Name _____	<b>8721</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>8729</b> <input type="text"/> <input type="text"/> Age Name _____	<b>8722</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>8730</b> <input type="text"/> <input type="text"/> Age Name _____
<b>8734</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8735</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8736</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8737</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8738</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>8742</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8743</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8744</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8745</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8746</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>8750</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8751</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8752</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8753</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8754</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>8758</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8759</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8760</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8761</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8762</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>8766</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8767</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8768</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8769</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>8770</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>8774</b> 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	<b>8775</b> 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	<b>8776</b> 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	<b>8777</b> 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	SKIP to 9a, page 76

## Part C - CHILD SUPPORT AGREEMENTS (Continued)

**CURRENTLY MARRIED OR ONCE MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT**

Page 74



Section 5 – TOPICAL MODULES (Continued)				
Part C – CHILD SUPPORT AGREEMENTS (Continued)				
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8782 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8783 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8784 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8785 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8786 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
8790 <input type="text"/> <input type="text"/> Age	8791 <input type="text"/> <input type="text"/> Age	8792 <input type="text"/> <input type="text"/> Age	8793 <input type="text"/> <input type="text"/> Age	8794 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8798 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No – SKIP to 7c for this child	8799 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No – SKIP to 7c for this child	8800 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No – SKIP to 7c for this child	8801 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No – SKIP to 7c for this child	8802 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No – SKIP to 7c for this child
8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8809 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8811 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8817 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8825 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8826 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8827 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8833 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8834 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8835 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8844 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8848 1 <input type="checkbox"/> Yes – GO to 7a for next child 2 <input type="checkbox"/> No	8849 1 <input type="checkbox"/> Yes – GO to 7a for next child 2 <input type="checkbox"/> No	8850 1 <input type="checkbox"/> Yes – GO to 7a for next child 2 <input type="checkbox"/> No	8851 1 <input type="checkbox"/> Yes – GO to 7a for next child 2 <input type="checkbox"/> No	GO to Check Item T25
8855 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No – SKIP to 8a, page 76	8856 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No – SKIP to 8a, page 76	8857 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No – SKIP to 8a, page 76	8858 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No – SKIP to 8a, page 76	8859 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No – SKIP to 8a, page 76



# Section 5 - TOPICAL MODULES (Continued)

## Part C - CHILD SUPPORT AGREEMENTS (Continued)

**8a. Do** (Read names of all children recorded in Check Item T21a or Check Item T22) **all have the same father?**

- 8862 1 ☐ Yes  
2 ☐ No

**CHECK ITEM T26**

Do all of the children have the same father? (Item 7b, page 74 = "Yes" or Item 8a, above = "Yes")

- 8864 1 ☐ Yes - ASK 9a-9c for first child recorded in Check Item T21a or Check Item T22  
2 ☐ No - ASK 9a-9c for first and last child recorded in Check Item T21a or Check Item T22

**CHECK ITEM T27**

Does more than one child have column B, page 61 marked "Yes"?

- 8866 1 ☐ Yes  
2 ☐ No - ASK 9a-9c for child marked "Yes" in column B, page 61

**8b. Do** (Read names of all children marked "Yes" in column B, page 61) **all have the same mother?**

- 8868 1 ☐ Yes - ASK 9a-9c for youngest child marked "Yes" in column B, page 61  
2 ☐ No - ASK 9a-9c for youngest and oldest child marked "Yes" in column B, page 61

**9a. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award?**

Record person number of child  
Mark (X) all that apply.

**YOUNGEST CHILD**

**OLDEST CHILD**

8869  Person number

8870  Person number

8871 1 ☐ Legal paternity not established

8872 1 ☐ Legal paternity not established

8873 2 ☐ Unable to locate parent

8874 2 ☐ Unable to locate parent

8875 3 ☐ Other parent unable to pay

8876 3 ☐ Other parent unable to pay

8877 4 ☐ Final agreement pending

8878 4 ☐ Final agreement pending

8879 5 ☐ Accepted property or cash settlement in lieu of child support

8880 5 ☐ Accepted property or cash settlement in lieu of child support

8881 6 ☐ Do not want child support

8882 6 ☐ Do not want child support

8883 7 ☐ Did not pursue award

8884 7 ☐ Did not pursue award

8885 8 ☐ Other - Specify       

8886 8 ☐ Other - Specify       

**b. Where does the other parent for this (youngest) (oldest) child now live?**

8887 1 ☐ Same county / city

8888 1 ☐ Same county / city

8889 2 ☐ Same State (different county / city)

8890 2 ☐ Same State (different county / city)

8891 3 ☐ Different State

8892 3 ☐ Different State

8893 4 ☐ Other parent deceased - SKIP to 10

8894 4 ☐ Other parent deceased - SKIP to 10

8895 5 ☐ Other - Specify       

8896 5 ☐ Other - Specify       

X1 ☐ Unknown

X1 ☐ Unknown

**c. What is the total amount of time the (youngest) (oldest) child spent visiting the other parent in the last 12 months?**

8897  Days

8898  Days

8900  Weeks

8901  Weeks

8902  Months

8903  Months

8904 X3 ☐ None

8905 X3 ☐ None

8906 X1 ☐ DK

8907 X1 ☐ DK

**10. Were any payments received from the other parent(s) in the last 12 months for any of . . . 's children without a child support agreement?**

- 8908 1 ☐ Yes  
2 ☐ No - SKIP to 12

**11. What is the total amount that . . . received from the other parent(s) in the past 12 months?**

8909 \$  .  00

OR

X1 ☐ DK

**12. Were any non-cash items or services for child support received for any of . . . 's children?**

8910 1 ☐ Yes - Specify       

2 ☐ No

## Section 5 – TOPICAL MODULES (Continued)

### Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS

<b>1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of . . . 's child or children who live outside the household, under 21 years of age?</b>  <i>(Do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9002</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> <div style="margin-left: 10px;"> <i>SKIP to Part E, page 79</i> </div>
<b>2a. Did . . . make regular payments, lump-sum payments, or both?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9004</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Regular  <input type="checkbox"/> Lump-sum  <input type="checkbox"/> Both         </div>
<b>b. For how many children did . . . make support payments?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9006</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children  <input type="checkbox"/> DK         </div>
<b>c. How many of these children were under age 18?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9007</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children  <input type="checkbox"/> DK         </div>
<b>d. Were any of these payments the result of a court order or some other kind of agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9008</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 4d, page 78</i> </div>
<b>3a. These next few questions relate to the most recent child support agreement for . . . 's children. How many children are covered by that agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9010</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children  <input type="checkbox"/> DK         </div>
<b>b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9012</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Voluntary written agreement ratified by the court  <input type="checkbox"/> Court-ordered agreement  <input type="checkbox"/> Other type of written agreement – <i>Specify</i> _____   <input type="checkbox"/> Non-written agreement         </div>
<b>c. In what year was this agreement FIRST reached?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9014</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">1 9</div>  <input type="checkbox"/> DK         </div>
<b>d. Has the dollar amount originally agreed to ever been changed?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9016</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> <div style="margin-left: 10px;"> <i>SKIP to 3g</i> </div>
<b>e. In what year was the amount last changed?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9018</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">1 9</div>  <input type="checkbox"/> DK         </div>
<b>f. Was this change made or agreed to by a court or child support agency?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9019</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>
<b>g. Is . . . still supposed to pay child support?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9020</div> <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div>
<b>h. How much did . . . pay in child support under this agreement during the past 12 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9022</div> <div style="display: inline-block; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">00</div>  <input type="checkbox"/> DK         </div>

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

**3i. Are these payments made – (Read responses.)**

9024

- 1 ☐ Through employment related wage withholding?  
 2 ☐ Directly to the other parent?  
 3 ☐ Directly to the court?  
 4 ☐ Directly to a child support agency?  
 5 ☐ Other – Specify ✓

x1 ☐ DK

**j. What kinds of provisions for health care costs were included in the child support agreement?**

Mark (X) all that apply.

9026

1 ☐ Non-custodial parent to provide health insurance

9028

2 ☐ Custodial parent to provide health insurance

9030

3 ☐ Non-custodial parent to pay medical costs directly

9032

4 ☐ Child support payments to include cash medical support

9034

5 ☐ Other – Specify ✓

9036

x3 ☐ None

**4a. (Other than the most recent support agreement discussed above), were any of ...'s other children outside of this household under age 21 covered by any other child support agreement?**

9038

- 1 ☐ Yes  
 2 ☐ No – SKIP to 4c

**b. How much did ... pay in child support for this/these agreement(s) during the past 12 months?**

9040

\$  .  00

x1 ☐ DK

**c. Were any child support payments made without a child support agreement for ...'s children under age 21 during the past 12 months?**

9042

- 1 ☐ Yes  
 2 ☐ No – SKIP to Part E

**d. How much did ... pay for child support under this arrangement during the past 12 months?**

9044

\$  .  00

x1 ☐ DK

NOTES



# Section 5 - TOPICAL MODULES (Continued)

## Part E - FUNCTIONAL LIMITATIONS AND DISABILITY - ADULTS

1. These next few questions are about ...'s health. Would you say ...'s health in general is excellent, very good, good, fair, or poor?	9100	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<i>Mark by observation if apparent.</i>		
2. Does ... use any of the following aids to get around?	9102	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. A cane, crutches, or a walker .....	9104	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. A wheelchair .....	9106	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 4a
<b>CHECK ITEM T28</b> Is "Yes" marked in 2a or 2b above?	9108	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has ... used (Aid mentioned in 2a or 2b above) for six months or longer?	9110	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No difficulty - SKIP to 5a
4a. Does ... have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if ... usually wears them?	9112	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to see the words and letters in ordinary newsprint at all?	9114	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 6a
5a. Does ... have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if ... usually wears one)?	9116	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to hear what is said in a normal conversation at all?	9118	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 7a
6a. Because of a health condition or problem, does ... have any difficulty having his/her speech understood?	9120	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to have his/her speech understood at all?	9122	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 8a
7a. Does ... have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?	9124	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to lift and carry this much weight at all?	9126	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 9a
8a. Does ... have any difficulty climbing a flight of stairs without resting?	9128	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to climb a flight of stairs without resting at all?	9130	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 10a
9a. Does ... have any difficulty walking a quarter of a mile - about 3 city blocks?	9132	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to walk a quarter of a mile at all?	9134	<input type="checkbox"/> Has difficulty <input type="checkbox"/> No difficulty - SKIP to 11a, page 80
10a. Does ... have any difficulty using the telephone?	9136	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is ... able to use the telephone at all?		

## Section 5 – TOPICAL MODULES (Continued)

### Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

<p><b>11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.</b></p> <p style="text-align: center;">FIELD REPRESENTATIVE INSTRUCTION      ▶      Repeat lead-in as necessary.</p>	<p><b>11b. Does . . . need the help of another person with (Name of activity)?</b></p> <p style="text-align: center;"><i>Mark "Yes" if person sometimes needs help or usually needs help.</i></p>
<p>(1) <b>Getting around INSIDE the home?</b></p>	<p><b>9138</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(2) <b>Going OUTSIDE the home, for example to shop or visit a doctor's office?</b></p>	<p><b>9140</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(3) <b>Getting in and out of bed or a chair?</b></p>	<p><b>9142</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(4) <b>Taking a bath or shower?</b></p>	<p><b>9144</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(5) <b>Dressing?</b></p>	<p><b>9146</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(6) <b>Walking?</b></p>	<p><b>9148</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(7) <b>Eating?</b></p>	<p><b>9150</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(8) <b>Using the toilet, including getting to the toilet?</b></p>	<p><b>9152</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(9) <b>Keeping track of money and bills?</b></p>	<p><b>9154</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(10) <b>Preparing meals?</b></p>	<p><b>9156</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(11) <b>Doing light housework, such as washing dishes or sweeping a floor?</b></p>	<p><b>9158</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p>(12) <b>Taking the right amount of prescribed medicine at the right time?</b></p>	<p><b>9160</b>    1 <input type="checkbox"/> Has difficulty – ASK 11b               2 <input type="checkbox"/> No difficulty</p>
<p><b>CHECK ITEM T29</b>    Is "Yes" marked in item 11b for any of the activities listed above?</p>	<p><b>9162</b>    1 <input type="checkbox"/> Yes – Go to 12a               2 <input type="checkbox"/> No – SKIP to Check Item T30</p>

NOTES

# Section 5 - TOPICAL MODULES (Continued)

## Part E - FUNCTIONAL LIMITATIONS AND DISABILITY - ADULTS (Continued)

<p><b>12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?</b></p> <p>Anyone else?</p>	<p><b>FIRST HELPER</b></p> <p>RELATIVE</p> <p>9176 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help - <i>SKIP to 13a</i></p>	<p><b>SECOND HELPER</b></p> <p>RELATIVE</p> <p>9178 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative</p>
<p>ASK OR VERIFY -</p> <p><b>b. Is (Person mentioned above) a household member?</b></p>	<p><b>FIRST HELPER</b></p> <p>9180 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>9183 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>9185 2 <input type="checkbox"/> No</p>	<p><b>SECOND HELPER</b></p> <p>9182 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>9184 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>9186 2 <input type="checkbox"/> No</p>
<p><b>c. For how long has . . . needed the help of another person?</b></p>	<p>9187 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 11 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 5 years 5 <input type="checkbox"/> More than 5 years</p>	
<p>ASK OR VERIFY -</p> <p><b>d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?</b></p>	<p>9188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } <i>SKIP to 13a</i></p>	
<p><b>e. How much was paid for such help in (Read last month)?</b></p>	<p>9189 \$ <input type="text"/> <input type="text"/> . 00</p> <p>X1 <input type="checkbox"/> DK</p>	
<p><b>CHECK ITEM T30</b> Is "Has difficulty" marked in items 4a, 5a, 6a, 7a, 8a, 9a, 10a, or 11a for any activity?</p>	<p>9190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15, page 82</i></p>	
<p>(SHOW FLASHCARD AA)</p> <p><b>13a. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?</b></p>	<p>9192 <input type="text"/> <input type="text"/> First condition</p> <p>9194 <input type="text"/> <input type="text"/> Second condition</p> <p>9196 <input type="text"/> <input type="text"/> Third condition</p>	
<p><b>b. Are any of these conditions the result of a motor vehicle accident?</b></p>	<p>9197 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p><b>CHECK ITEM T31</b> Are two or more conditions entered in item 13a?</p>	<p>9198 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15, page 82</i></p>	
<p><b>14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?</b></p>	<p>9200 <input type="text"/> <input type="text"/> Main condition</p>	
<p>NOTES</p>		



## Section 5 – TOPICAL MODULES (Continued)

### Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

<b>15. Does . . . have –</b>		
<b>a. A learning disability such as dyslexia?</b>	<b>9202</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. Mental retardation?</b>	<b>9204</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. A developmental disability such as autism or cerebral palsy?</b>	<b>9206</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>d. Alzheimer's disease, senility, or dementia?</b>	<b>9208</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>e. Any other mental or emotional conditions?</b>	<b>9210</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T32</b>	Refer to cc item 24. What is . . . age?	<b>9212</b> 1 <input type="checkbox"/> 15 years old – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – <i>SKIP to 18a</i>
<b>CHECK ITEM T33</b>	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for . . . ?	<b>9214</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 16</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM T34</b>	Refer to item 18a on page 7. What is marked in item 18a, page 7?	<b>9216</b> 1 <input type="checkbox"/> Item 18a is blank – <i>SKIP to 17a</i> 2 <input type="checkbox"/> "Yes" 3 <input type="checkbox"/> "No" <i>SKIP to 18a</i>
<b>16. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?</b>		<b>9218</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T35</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
<b>17a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>		<b>9220</b> 1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
<b>CHECK ITEM T35</b>	Is "Worked" (code 170) marked on the ISS?	<b>9222</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 18a</i> 2 <input type="checkbox"/> No
<b>17b. Does . . . 's health or condition prevent . . . from working at a job or business?</b>		<b>9224</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?</b>		<b>9226</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T36</i>
<b>b. Does . . . 's health or condition completely prevent . . . from doing work around the house?</b>		<b>9228</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T36</b>	Is "Yes" marked in 16, 17a, or 18a?	<b>9230</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>
<b>19. (SHOW FLASHCARD AA)</b> <b>I have marked that . . . is limited in working at a job or around the house –</b> <b>Which condition or conditions on this card are the cause of this limitation?</b> <b>Any other condition?</b>		<b>9232</b> <input type="checkbox"/> First condition <b>9234</b> <input type="checkbox"/> Second condition <b>9236</b> <input type="checkbox"/> Third condition
<b>CHECK ITEM T37</b>	Are two or more conditions entered in item 19?	<b>9238</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>
<b>20. Which of the conditions do you consider the main reason for the limitation?</b>		<b>9240</b> <input type="checkbox"/> Main condition
<b>21. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?</b>		<b>9242</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>

# Section 5 – TOPICAL MODULES (Continued)

## Part F – UTILIZATION OF HEALTH CARE SERVICES – ADULTS

<b>1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</b>	<b>9300</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
<b>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</b>	<b>9302</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
<b>c. What was the reason for . . . 's last hospital stay?</b> <i>Mark (X) all that apply.</i>	<b>9304</b> 1 <input type="checkbox"/> Child birth <b>9306</b> 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) <b>9308</b> 3 <input type="checkbox"/> Other medical <b>9310</b> 4 <input type="checkbox"/> Mental or emotional problem or disorder <b>9312</b> 5 <input type="checkbox"/> Drug or alcohol abuse problem or disorder
<b>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</b>	<b>9314</b> 1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No
<b>2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?</b>	<b>9316</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?</b>	<b>9318</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
<b>c. How many of these nights were in the past 4 months?</b>	<b>9320</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</b>	<b>9322</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</b> <i>(Do not count occurrences where the contact was not concerning a health problem of . . . 's)</i>	<b>9324</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>
<b>b. How many of these visits or calls were in the past 4 months?</b>	<b>9326</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>5a. During the past 12 months, how many visits did . . . make to a dentist?</b> <i>Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.</i>	<b>9327</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 6a, page 84</i>
<b>b. How many of these visits were in the past 4 months?</b>	<b>9328</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

## Section 5 – TOPICAL MODULES (Continued)

### Part F – UTILIZATION OF HEALTH CARE SERVICES – ADULTS (Continued)

<b>6a. Is there one particular person or place that . . . usually goes to when . . . is sick or needs advice about his/her health?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9329</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item T38</i> </div> </div>
<b>b. To what kind of place does . . . usually go?</b>  <i>Mark (X) only one.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9330</div> <div> <input type="checkbox"/> Doctor's office (or HMO)  <input type="checkbox"/> VA hospital  <input type="checkbox"/> Military hospital  <input type="checkbox"/> Hospital outpatient clinic (not VA or military)  <input type="checkbox"/> Hospital emergency room  <input type="checkbox"/> Company or industry clinic  <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic)  <input type="checkbox"/> Psychiatric clinic  <input type="checkbox"/> Psychiatric hospital  <input type="checkbox"/> Private practice psychiatrist or other mental health professional  <input type="checkbox"/> Other – <i>Specify</i> _____            _____            _____         </div> </div>
<b>CHECK ITEM T38</b> <i>Refer to item 27a, page 10</i> Was . . . covered by a health insurance plan at any time during the past 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9332</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item T40</i> </div> </div>
<b>CHECK ITEM T39</b> <i>Refer to item 27b, page 10</i> Was . . . covered by a health insurance plan during the entire 4 month period?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9333</div> <div> <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i>  <input type="checkbox"/> No         </div> </div>
<b>CHECK ITEM T40</b> Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9334</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 8</i> </div> </div>
<b>7. Was . . . covered by Medicare/Medicaid during the entire 4 month period?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9335</div> <div> <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i>  <input type="checkbox"/> No         </div> </div>
<b>8. I have recorded that . . . was not covered by a health insurance plan, Medicare, or Medicaid at some time during the past 4 months. Is that correct?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9336</div> <div> <input type="checkbox"/> Correct  <input type="checkbox"/> Incorrect – covered by some other plan – <i>SKIP to Check Item T41, page 86</i> </div> </div>
(SHOW FLASHCARD JJ) <b>9. Which answer on this card best describes why . . . was not covered by health insurance at some time during the past 4 months?</b>  <i>Mark (X) only one.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9338</div> <div> <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment  <input type="checkbox"/> Employer does not offer health insurance  <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age  <input type="checkbox"/> Too expensive; can't afford health insurance  <input type="checkbox"/> Don't believe in health insurance  <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance  <input type="checkbox"/> Able to go to VA or military hospital for medical care  <input type="checkbox"/> Covered by some other health plan  <input type="checkbox"/> Other – <i>Specify</i> _____            _____            _____         </div> </div>

**Continue with Check Item T41, page 86**

NOTES



NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN

<b>CHECK ITEM T41</b>	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children under the age of 22 who live in this household?	9400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T77, page 122
<b>CHECK ITEM T42</b>	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children aged 15 to 21 who live in this household?	9401	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T44
<b>CHECK ITEM T43</b>	Refer to cc items 18, 19, 24 and 27.  Beginning with the youngest child aged 15 to 21, enter the person numbers, ages, and names of children aged 15 to 21 who are household members, for whom . . . is the designated parent or guardian.	YOUNGEST	SECOND YOUNGEST
	9402 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9409 <input type="text"/> <input type="text"/> Age Name _____	9403 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9410 <input type="text"/> <input type="text"/> Age Name _____	THIRD YOUNGEST 9404 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9411 <input type="text"/> <input type="text"/> Age Name _____
I now have some questions about your children age 15 to 21 living here, that is (Read names from Check Item T43) (Ask items 1 through 3 for each child, before proceeding to the next child)			
1. Because of a physical, learning, or mental health condition, does (Child's name) have any limitations in his/her ability to do regular school work?	9416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9417
2. Has (Child's name) ever received any special education services?	9423	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44	9424
3. Is (Child's name) currently receiving any special education services?	9430	1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }	9431
			9432
<b>CHECK ITEM T44</b>	Refer to cc items 24 and 27.  Is . . . the designated parent or guardian of children aged 6 to 14 who live in this household?	9437	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T48, page 92

NOTES

# Section 5 – TOPICAL MODULES (Continued)

## Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
9405	Person No.	9406	Person No.	9407	Person No.	9408	Person No.
9412	Age	9413	Age	9414	Age	9415	Age
Name		Name		Name		Name	
9419		9420		9421		9422	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
9426		9427		9428		9429	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44	
9433		9434		9435		9436	
1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }		1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }		1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }		1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }	
NOTES							



# Section 5 - TOPICAL MODULES (Continued)

## Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

CHECK ITEM T45	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Beginning with the youngest child aged 6 to 14, enter the person numbers, ages, and names of children aged 6 to 14 who are household members, for whom . . . is the designated parent or guardian.	<b>9437</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9444</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9438</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9445</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9439</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9446</b> <input type="text"/> <input type="text"/> Age Name _____
<b>I now have some questions about your children aged 6 to 14 living here, that is (Read names from Check Item T45) (Ask Items 4 through 14 for each child, before proceeding to the next child)</b>				
<b>4. Does (Child's name) have:</b>				
<b>a. A learning disability such as dyslexia?</b>	<b>9451</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9452</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9453</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>b. Mental retardation?</b>	<b>9458</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9459</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9460</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>c. A developmental disability such as autism or cerebral palsy?</b>	<b>9465</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9466</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9467</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>d. Any other developmental condition for which he/she has received therapy or diagnostic services?</b>	<b>9472</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9473</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9474</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>5. Because of a physical, learning, or mental condition, does (Child's name) have any limitations in his/her ability to do regular school work?</b>	<b>9479</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9480</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9481</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>6a. Has (Child's name) ever received any special education services?</b>	<b>9486</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	<b>9487</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	<b>9488</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	
<b>b. Is (Child's name) currently receiving any special education services?</b>	<b>9493</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9494</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9495</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>7. Does (Child's name) use any of the following aids to get around?</b>				
<b>a. A cane, crutches, or a walker?</b>	<b>9500</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9502</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>b. A wheelchair?</b>	<b>9507</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9508</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9509</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>CHECK ITEM T46</b>				
Is "Yes" marked in 7a or 7b above?	<b>9514</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	<b>9515</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	<b>9516</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	
<b>8. Has (Child's name) used (aid checked in 7a or 7b above) for six months or longer?</b>	<b>9521</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9522</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9523</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

# Section 5 - TOPICAL MODULES (Continued)

## Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>9440</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9447</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9441</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9448</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9442</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9449</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9443</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9450</b> <input type="text"/> <input type="text"/> Age Name _____
<b>9454</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9455</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9456</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9457</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9461</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9462</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9463</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9464</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9468</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9469</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9470</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9471</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9475</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9476</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9477</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9478</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9482</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9483</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9484</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9485</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9489</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	<b>9490</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	<b>9491</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	<b>9492</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7
<b>9496</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9497</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9498</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9499</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9503</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9504</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9505</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9506</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9511</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9512</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9513</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9517</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	<b>9518</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	<b>9519</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	<b>9520</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90
<b>9524</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9525</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9526</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9527</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

# Section 5 - TOPICAL MODULES (Continued)

## Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9528 <input type="text"/> <input type="text"/> <input type="text"/> Person No. <input type="text"/> Name <input type="text"/>	9529 <input type="text"/> <input type="text"/> <input type="text"/> Person No. <input type="text"/> Name <input type="text"/>	9530 <input type="text"/> <input type="text"/> <input type="text"/> Person No. <input type="text"/> Name <input type="text"/>
<b>9a. Does (Child's name) have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if he/she usually wears them?</b>	9535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a	9536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a	9537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a
<b>b. Is (Child's name) able to see the words and letters in ordinary newsprint at all?</b>	9542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>10a. Does (Child's name) have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if he/she usually wears one)?</b>	9549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	9550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	9551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11
<b>b. Is (Child's name) able to hear what is said in a normal conversation at all?</b>	9556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>11. Does (Child's name) have a long lasting condition that limits his/her ability to walk, run, or use stairs?</b>	9563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>12. Because of a physical or mental condition, does (Child's name) have any difficulty doing any of the following by himself/herself?</b>  (Exclude the affects of temporary conditions)			
<b>a. Getting around INSIDE the home?</b>	9570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c	9571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c	9572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c
<b>b. Does (Child's name) need the help of another person with getting around inside the home?</b>	9577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. Getting in and out of bed or a chair?</b>	9584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e	9585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e	9586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e
<b>d. Does (Child's name) need the help of another person with getting in and out of bed or a chair?</b>	9591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>e. Taking a bath or shower?</b>	9598 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92	9599 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92	9600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92



Section 5 – TOPICAL MODULES (Continued)			
Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>9531</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9532</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9533</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9534</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 
<b>9538</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	<b>9539</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	<b>9540</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	<b>9541</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
<b>9545</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9546</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9547</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9548</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9552</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	<b>9553</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	<b>9554</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	<b>9555</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
<b>9559</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9560</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9561</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9562</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9566</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9567</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9568</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9569</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9573</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	<b>9574</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	<b>9575</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	<b>9576</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c
<b>9580</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9581</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9582</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9583</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9587</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	<b>9588</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	<b>9589</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	<b>9590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e
<b>9594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9595</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9596</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9597</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9601</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	<b>9602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	<b>9603</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	<b>9604</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92

# Section 5 - TOPICAL MODULES (Continued)

## Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9605 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9606 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9607 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>f. Does (Child's name) need the help of another person with taking a bath or shower?</b>	9612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>g. Dressing?</b>	9619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i	9620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i	9621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i
<b>h. Does (Child's name) need the help of another person with dressing?</b>	9626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>i. Eating?</b>	9633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k	9634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k	9635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k
<b>j. Does (Child's name) need the help of another person with eating?</b>	9640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>k. Using the toilet, including getting to the toilet?</b>	9647 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47	9648 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47	9649 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47
<b>l. Does (Child's name) need the help of another person with using or getting to the toilet?</b>	9654 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9655 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T47</b> Is "Yes" (has difficulty) marked in 9a, 10a, 11, 12a, 12c, 12e, 12g, 12i, or 12k?	9661 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child	9662 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child	9663 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child
(SHOW FLASHCARD BB)			
<b>13. I have recorded that (Child's name) has difficulties with certain activities. Which condition or conditions on this card cause this difficulty?</b>	9668 <input type="text"/> <input type="text"/> First condition 9675 <input type="text"/> <input type="text"/> Second condition Any other? 9682 <input type="text"/> <input type="text"/> Third condition	9669 <input type="text"/> <input type="text"/> First condition 9676 <input type="text"/> <input type="text"/> Second condition 9683 <input type="text"/> <input type="text"/> Third condition	9670 <input type="text"/> <input type="text"/> First condition 9677 <input type="text"/> <input type="text"/> Second condition 9684 <input type="text"/> <input type="text"/> Third condition
<b>14. Are any of these conditions the result of a motor vehicle accident?</b>	9689 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child
<b>CHECK ITEM T48</b> Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	Refer to cc items 24 and 27.	9696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T51, page 96	

Section 5 – TOPICAL MODULES (Continued)			
Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>9608</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9609</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9610</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>9611</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 
<b>9615</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9616</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9617</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9622</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	<b>9623</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	<b>9624</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	<b>9625</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i
<b>9629</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9630</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9631</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9632</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9636</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	<b>9637</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	<b>9638</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	<b>9639</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k
<b>9643</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9644</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9645</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9646</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9650</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	<b>9651</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	<b>9652</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	<b>9653</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47
<b>9657</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9658</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9659</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>9660</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>9664</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	<b>9665</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	<b>9666</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	<b>9667</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T48
<b>9671</b> <input type="text"/> <input type="text"/> First condition  <b>9678</b> <input type="text"/> <input type="text"/> Second condition  <b>9685</b> <input type="text"/> <input type="text"/> Third condition	<b>9672</b> <input type="text"/> <input type="text"/> First condition  <b>9679</b> <input type="text"/> <input type="text"/> Second condition  <b>9686</b> <input type="text"/> <input type="text"/> Third condition	<b>9673</b> <input type="text"/> <input type="text"/> First condition  <b>9680</b> <input type="text"/> <input type="text"/> Second condition  <b>9687</b> <input type="text"/> <input type="text"/> Third condition	<b>9674</b> <input type="text"/> <input type="text"/> First condition  <b>9681</b> <input type="text"/> <input type="text"/> Second condition  <b>9688</b> <input type="text"/> <input type="text"/> Third condition
<b>9692</b> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	<b>9693</b> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	<b>9694</b> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	<b>9695</b> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to Check Item T48



# Section 5 – TOPICAL MODULES (Continued)

## Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

CHECK ITEM T49	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Beginning with the youngest child under age 6, enter the person numbers, ages, and names of children under age 6 who are household members, for whom . . . is the designated parent or guardian.	9697	Person No.	9698	Person No.
	9704	Age	9705	Age
	Name	Name	Name	
I now have some questions about your children under age 6 living here, that is (Read names from Check Item T49) (Ask items 15 through 16 for each child, before proceeding to the next child)				
<b>15. Does (Child's name) have a developmental condition for which he/she has received therapy or diagnostic services?</b>	9711	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	9718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96	9719	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96
<b>CHECK ITEM T50</b>	Is (Child's name) 3 years of age or older?	9718	9719	9720
<b>16. Does (Child's name) have a long-lasting condition that limits his/her ability to walk, run, or use stairs?</b>	9725	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	9727	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9728	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTES

# Section 5 - TOPICAL MODULES (Continued)

## Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
9700	<input type="text"/> <input type="text"/> Person No.	9701	<input type="text"/> <input type="text"/> Person No.	9702	<input type="text"/> <input type="text"/> Person No.	9703	<input type="text"/> <input type="text"/> Person No.
9707	<input type="text"/> <input type="text"/> Age	9708	<input type="text"/> <input type="text"/> Age	9709	<input type="text"/> <input type="text"/> Age	9710	<input type="text"/> <input type="text"/> Age
Name		Name		Name		Name	
9714 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9715 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9716 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9717 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
9721 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to next child, or Check Item T51, page 96		9722 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to next child, or Check Item T51, page 96		9723 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to next child, or Check Item T51, page 96		9724 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Check Item T51, page 96	
9728 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9729 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		9731 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

NOTES

# Section 5 – TOPICAL MODULES (Continued)

## Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN

### CHECK ITEM T51

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian  
of children under the age of 15 who live  
in this household?

9800

1 ☐ Yes

2 ☐ No – SKIP to Part I, page 101

### CHECK ITEM T52

Refer to cc  
items 18, 19,  
24 and 27.

Beginning with the  
youngest child enter  
person numbers, ages,  
and names of children  
under 15, who are  
household members,  
for whom . . . is the  
designated parent or  
guardian.

#### YOUNGEST

9801

Person  
No.

9808

Age

Name

#### SECOND YOUNGEST

9802

Person  
No.

9809

Age

Name

#### THIRD YOUNGEST

9803

Person  
No.

9810

Age

Name

Ask items 1a through 5b for each child, starting with the youngest, before proceeding with the next child

**1a. During the past 12 months, was (Child's name) a patient in a hospital overnight or longer?**

9815

1 ☐ Yes

2 ☐ No – SKIP to 2

9816

1 ☐ Yes

2 ☐ No – SKIP to 2

9817

1 ☐ Yes

2 ☐ No – SKIP to 2

**b. How many different times did (Child's name) stay in a hospital overnight or longer during the past 12 months?**

9822

Times

x1 ☐ DK

9823

Times

x1 ☐ DK

9824

Times

x1 ☐ DK

**c. What was the reason for (Child's name) last hospital stay?**

Mark (X) all that apply.

9829

- 1 ☐ Surgery or operation (include bone setting or getting stitches)  
2 ☐ Other medical  
3 ☐ Mental or emotional problem or disorder  
4 ☐ Drug or alcohol abuse problem or disorder  
5 ☐ Child birth

9830

- 1 ☐ Surgery or operation (include bone setting or getting stitches)  
2 ☐ Other medical  
3 ☐ Mental or emotional problem or disorder  
4 ☐ Drug or alcohol abuse problem or disorder  
5 ☐ Child birth

9831

- 1 ☐ Surgery or operation (include bone setting or getting stitches)  
2 ☐ Other medical  
3 ☐ Mental or emotional problem or disorder  
4 ☐ Drug or alcohol abuse problem or disorder  
5 ☐ Child birth

**d. How many nights in all did (Child's name) spend in a hospital of any type during the past 12 months?**

9836

Nights

x1 ☐ DK

9837

Nights

x1 ☐ DK

9838

Nights

x1 ☐ DK

**e. How many of these nights were in the past 4 months?**

9843

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

9844

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

9845

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

**2. During the past 4 months, about how many days did illness or injury keep (Child's name) in bed more than half of the day? (Include days while an overnight patient in a hospital.)**

9850

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None

9851

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None

9852

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None



# Section 5 - TOPICAL MODULES (Continued)

## Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>9804</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9811</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9805</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9812</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9806</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9813</b> <input type="text"/> <input type="text"/> Age Name _____	<b>9807</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>9814</b> <input type="text"/> <input type="text"/> Age Name _____
<b>9818</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2	<b>9819</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2	<b>9820</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2	<b>9821</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2
<b>9825</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	<b>9826</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	<b>9827</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	<b>9828</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
<b>9832</b> 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	<b>9833</b> 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	<b>9834</b> 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	<b>9835</b> 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth
<b>9839</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	<b>9840</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	<b>9841</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	<b>9842</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
<b>9846</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9847</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9848</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9849</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>9853</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9854</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9855</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9856</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

# Section 5 - TOPICAL MODULES (Continued)

## Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 96 and 97.	<b>9857</b> <input type="text"/> <input type="text"/> Person No. Name _____	<b>9858</b> <input type="text"/> <input type="text"/> Person No. Name _____	<b>9859</b> <input type="text"/> <input type="text"/> Person No. Name _____
<b>3a. During the past 12 months, how many times did (Child's name) see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</b>	<b>9864</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a	<b>9865</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a	<b>9866</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a
<b>b. How many of these visits or calls were in the past 4 months?</b>	<b>9871</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9872</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9873</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>4a. During the past 12 months, how many visits did (Child's name) make to a dentist? (Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.)</b>	<b>9878</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a	<b>9879</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a	<b>9880</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a
<b>b. How many of these visits were in the past 4 months?</b>	<b>9885</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9886</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9887</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>5a. Is there one particular person or place that (Child's name) usually goes to when (Child's name) is sick or needs advice about his/her health?</b>	<b>9892</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53	<b>9893</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53	<b>9894</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53
<b>b. To what kind of place does (Child's name) usually go?</b> Mark (X) only one.	<b>9899</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="text"/>	<b>9900</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="text"/>	<b>9901</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="text"/>
<b>CHECK ITEM T53</b> Are there any more children listed in Check Item T52?	<b>9906</b> 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100	<b>9907</b> 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100	<b>9908</b> 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100

Section 5 – TOPICAL MODULES (Continued)			
Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>9860</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	<b>9861</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	<b>9862</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	<b>9863</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
<b>9867</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	<b>9868</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	<b>9869</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	<b>9870</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>
<b>9874</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9875</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9876</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9877</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>9881</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	<b>9882</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	<b>9883</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	<b>9884</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>
<b>9888</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9889</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9890</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	<b>9891</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>9895</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	<b>9896</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	<b>9897</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	<b>9898</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>
<b>9902</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>	<b>9903</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>	<b>9904</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>	<b>9905</b> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>
<b>9909</b> 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	<b>9910</b> 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	<b>9911</b> 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	GO to Check Item T54, page 100



## Section 5 – TOPICAL MODULES (Continued)

### Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

**CHECK  
ITEM T54**

Refer to item 27k, page 11.

Were all of . . . 's children under age 15 covered by a health insurance plan?

9913

- 1 ☐ Yes  
2 ☐ No – SKIP to 7

**6. Were all of . . . 's children under age 15 covered by a health insurance plan for the entire 4 month period.**

9914

- 1 ☐ Yes – SKIP to Part I  
2 ☐ No

**7. Were all of . . . 's children under age 15 covered by Medicaid for the entire 4 month period?**

9915

- 1 ☐ Yes SKIP to Part I  
2 ☐ No

**8. ASK OR VERIFY —**

I have recorded that some or all of . . . 's children under the age of 15 were not covered by a health insurance plan or Medicaid at some time during the 4 month period. Is that correct?

9916

- 1 ☐ Correct  
2 ☐ Incorrect – covered by some other plan – SKIP to Part I

(SHOW FLASHCARD JJ)

**9. Which answer on this card best describes why some or all of . . . 's children under the age of 15 were not covered by health insurance at some time during the past 4 months?**

Mark (X) only one.

9917

- 1 ☐ Job layoff, job loss, or any reasons related to unemployment  
2 ☐ Employer does not offer health insurance  
3 ☐ Can't obtain health insurance because of poor health, illness, or age  
4 ☐ Too expensive; can't afford health insurance  
5 ☐ Don't believe in health insurance  
6 ☐ Have been healthy; not much sickness in the family; haven't needed health insurance  
7 ☐ Able to go to VA or military hospital for medical care  
8 ☐ Covered by some other health plan  
9 ☐ Other –Specify

**GO to Part I**

NOTES

**Section 5 – TOPICAL MODULES (Continued)****Part I – CHILDREN'S WELL-BEING****CHECK  
ITEM T57***Refer to cc items 24 and 27.***7000**1 ☐ Yes2 ☐ No – *SKIP to Check Item T77, page 122*

Is . . . the designated parent or guardian  
of children under the age of 18 who live  
in this household?

**Now we have a few questions about your child(ren)'s activities.****CHECK  
ITEM T58***Refer to cc items 24 and 27.***7001**1 ☐ Yes2 ☐ No – *SKIP to Check Item T68, page 108*

Is . . . the designated parent or guardian  
of children under the age of 6 who live in  
this household?

**Go to Check Item T59, page 102**

# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T59	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		Beginning with the youngest child under 6, enter the person numbers, ages, and names of children under 6 who are household members, for whom . . . is the designated parent or guardian.	7002 <input type="text"/> <input type="text"/> Person No.  7009 <input type="text"/> <input type="text"/> Age  Name _____	7003 <input type="text"/> <input type="text"/> Person No.  7010 <input type="text"/> <input type="text"/> Age  Name _____
Complete all of items 1-13b for each child listed (starting with the youngest) before continuing with the next youngest child.				
1. Would you say that (Child's name) health is excellent, very good, good, fair, or poor?		7016 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7017 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7018 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
2. About how tall is (Child's name) without shoes?		7023 <input type="text"/> Feet  7030 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7024 <input type="text"/> Feet  7031 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7025 <input type="text"/> Feet  7032 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK
3. About how much does (Child's name) weigh without shoes?		7037 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7038 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7039 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK
CHECK ITEM T60	Refer to Check Item T59	7044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T61	7045 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T61	7046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T61
4a. Is (Child's name) now enrolled in kindergarten?	Is (Child's name) age 5?	7051 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4c	7052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4c	7053 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4c
b. For how many hours each week is (Child's name) enrolled in kindergarten?		7058 <input type="text"/> <input type="text"/> Number of hours - SKIP to 6a	7059 <input type="text"/> <input type="text"/> Number of hours - SKIP to 6a	7060 <input type="text"/> <input type="text"/> Number of hours - SKIP to 6a
c. Is (Child's name) now enrolled in first grade?		7065 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No	7066 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No	7067 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No
CHECK ITEM T61	Refer to Check Item T59	7072 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No	7073 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No	7074 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No
5a. Is (Child's name) now enrolled in Head Start?		7079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a	7080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a	7081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a
b. For how many hours each week is (Child's name) enrolled in Head Start?		7086 <input type="text"/> <input type="text"/> Number of hours	7087 <input type="text"/> <input type="text"/> Number of hours	7088 <input type="text"/> <input type="text"/> Number of hours
6a. Is (Child's name) now enrolled in a day-care center or pre-school program?		7093 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6c	7094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6c	7095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6c
b. For how many hours each week is (Child's name) enrolled in a day-care center or pre-school program?		7100 <input type="text"/> <input type="text"/> Number of hours	7101 <input type="text"/> <input type="text"/> Number of hours	7102 <input type="text"/> <input type="text"/> Number of hours
c. Is (Child's name) now enrolled in family day care, that is, in the home of a neighbor, friend, or relative on a regular basis? By "regular basis" we mean at least once a week.		7107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a	7108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a	7109 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a



Section 5 – TOPICAL MODULES (Continued)			
Part I – CHILDREN'S WELL-BEING (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7005 <input type="text"/> <input type="text"/> Person No.	7006 <input type="text"/> <input type="text"/> Person No.	7007 <input type="text"/> <input type="text"/> Person No.	7008 <input type="text"/> <input type="text"/> Person No.
7012 <input type="text"/> <input type="text"/> Age	7013 <input type="text"/> <input type="text"/> Age	7014 <input type="text"/> <input type="text"/> Age	7015 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____
7019 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7020 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7021 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7022 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
7026 <input type="text"/> Feet	7027 <input type="text"/> Feet	7028 <input type="text"/> Feet	7029 <input type="text"/> Feet
7033 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7034 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7035 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7036 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK
7040 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7041 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7042 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7043 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK
7047 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7049 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61
7054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7057 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c
7061 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7062 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7063 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7064 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a
7068 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7069 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7070 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7071 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7075 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7076 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7077 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7078 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7083 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
7089 <input type="text"/> <input type="text"/> Number of hours	7090 <input type="text"/> <input type="text"/> Number of hours	7091 <input type="text"/> <input type="text"/> Number of hours	7092 <input type="text"/> <input type="text"/> Number of hours
7096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7097 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7099 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c
7103 <input type="text"/> <input type="text"/> Number of hours	7104 <input type="text"/> <input type="text"/> Number of hours	7105 <input type="text"/> <input type="text"/> Number of hours	7106 <input type="text"/> <input type="text"/> Number of hours
7110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7111 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 102 and 103.→	<b>7114</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	<b>7115</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	<b>7116</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
<b>6d. (Is/Are) (this/these) provider(s) related to the child?</b>	<b>7121</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	<b>7122</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	<b>7123</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
<b>e. For how many hours each week is (Child's name) in family day care?</b>	<b>7128</b> <input type="text"/> <input type="text"/> Number of hours	<b>7129</b> <input type="text"/> <input type="text"/> Number of hours	<b>7130</b> <input type="text"/> <input type="text"/> Number of hours
<b>7a. Is (Child's name) now being cared for by a babysitter or babysitters in the child's home on a regular basis? By "regular basis" we mean at least once a week (includes care by relatives other than parents).</b>	<b>7135</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	<b>7136</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	<b>7137</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62
<b>b. (Is/Are) (this/these) person(s) related to the child?</b>	<b>7142</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	<b>7143</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	<b>7144</b> 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
<b>c. For how many hours each week is (Child's name) cared for by a babysitter or babysitters?</b>	<b>7149</b> <input type="text"/> <input type="text"/> Number of hours	<b>7150</b> <input type="text"/> <input type="text"/> Number of hours	<b>7151</b> <input type="text"/> <input type="text"/> Number of hours
<b>CHECK ITEM T62</b> Refer to 4a, page 102 Is "Yes" marked?	<b>7156</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	<b>7157</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	<b>7158</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No
<b>CHECK ITEM T63</b> Refer to Check Item T59, page 102 Is (Child's name) age 5?	<b>7163</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	<b>7164</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	<b>7165</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
<b>8a. Has (Child's name) EVER attended kindergarten?</b>	<b>7170</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	<b>7171</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	<b>7172</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64
<b>b. How old was (Child's name) in years and months when he/she first started kindergarten?</b>	<b>7177</b> <input type="text"/> Years } SKIP to Check Item T65 <b>7184</b> <input type="text"/> <input type="text"/> Months }	<b>7178</b> <input type="text"/> Years } SKIP to Check Item T65 <b>7185</b> <input type="text"/> <input type="text"/> Months }	<b>7179</b> <input type="text"/> Years } SKIP to Check Item T65 <b>7186</b> <input type="text"/> <input type="text"/> Months }
<b>CHECK ITEM T64</b> Refer to 4c, page 102 Is "Yes" marked?	<b>7191</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	<b>7192</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	<b>7193</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
<b>8c. How old was (Child's name) in years and months when he/she first started first grade?</b>	<b>7198</b> <input type="text"/> Years <b>7205</b> <input type="text"/> <input type="text"/> Months	<b>7199</b> <input type="text"/> Years <b>7206</b> <input type="text"/> <input type="text"/> Months	<b>7200</b> <input type="text"/> Years <b>7207</b> <input type="text"/> <input type="text"/> Months
<b>CHECK ITEM T65</b> Refer to items 5a, 6a, 6c, and 7a. Is "Yes" marked for at least one of these items?	<b>7212</b> 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	<b>7213</b> 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	<b>7214</b> 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No
<b>8d. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care, or pre-school programs or by any family day care providers or babysitters?</b>	<b>7219</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	<b>7220</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	<b>7221</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106

Section 5 – TOPICAL MODULES (Continued)			
Part I – CHILDREN'S WELL-BEING (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7117 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7118 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7119 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7120 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7124 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7125 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7126 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7127 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7131 <input type="text"/> <input type="text"/> Number of hours	7132 <input type="text"/> <input type="text"/> Number of hours	7133 <input type="text"/> <input type="text"/> Number of hours	7134 <input type="text"/> <input type="text"/> Number of hours
7138 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7139 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7141 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62
7145 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7146 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7147 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7148 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7152 <input type="text"/> <input type="text"/> Number of hours	7153 <input type="text"/> <input type="text"/> Number of hours	7154 <input type="text"/> <input type="text"/> Number of hours	7155 <input type="text"/> <input type="text"/> Number of hours
7159 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7160 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7161 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7162 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No
7166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7167 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7169 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
7173 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7174 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7175 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7176 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64
7180 <input type="text"/> Years } SKIP to Check Item T65 7187 <input type="text"/> <input type="text"/> Months }	7181 <input type="text"/> Years } SKIP to Check Item T65 7188 <input type="text"/> <input type="text"/> Months }	7182 <input type="text"/> Years } SKIP to Check Item T65 7189 <input type="text"/> <input type="text"/> Months }	7183 <input type="text"/> Years } SKIP to Check Item T65 7190 <input type="text"/> <input type="text"/> Months }
7194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7195 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7196 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7197 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
7201 <input type="text"/> Years 7208 <input type="text"/> <input type="text"/> Months	7202 <input type="text"/> Years 7209 <input type="text"/> <input type="text"/> Months	7203 <input type="text"/> Years 7210 <input type="text"/> <input type="text"/> Months	7204 <input type="text"/> Years 7211 <input type="text"/> <input type="text"/> Months
7215 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7216 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7217 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7218 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No
7222 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7223 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106



# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 102 and 103.→	7226 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7227 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7228 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
8e. Thinking back to when (Child's name) was FIRST cared for by someone other than you or an immediate family member on a regular basis, how old was (Child's name) when he/she was first cared for in any Head Start program, day care center, pre-school program, family day care, or babysitter arrangement, including care by a relative?	7233 <input type="text"/> Years 7240 <input type="text"/> <input type="text"/> Months	7234 <input type="text"/> Years 7241 <input type="text"/> <input type="text"/> Months	7235 <input type="text"/> Years 7242 <input type="text"/> <input type="text"/> Months
f. For how many hours each week was the child cared for in this manner?	7247 <input type="text"/> <input type="text"/> Number of hours	7248 <input type="text"/> <input type="text"/> Number of hours	7249 <input type="text"/> <input type="text"/> Number of hours
9. Has (Child's name) ever lived apart from you, for any reason, for a month or more?	7254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T66</b> Refer to Check Item T59, page 102 Is (Child's name) aged 1 through 5 years old?	7261 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	7262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	7263 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11
10. How many times in the past week did you or any family member read stories to (Child's name)?	7268 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7269 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7270 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
11. How many times in the past month did you or any family member take (Child's name) on any kind of outing - out to the park, grocery store, church, playground, etc.?	7275 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7276 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7277 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
<b>CHECK ITEM T67</b> Refer to Check Item T59, page 102 Is (Child's name) 3, 4, or 5 years old?	7282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T68, page 108	7283 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T68, page 108	7284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T68, page 108
12. Are there family rules for (Child's name) about what television programs (Child's name) can watch?	7289 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7291 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. Are there family rules about how early or late (Child's name) may watch television?	7296 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7297 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7298 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Are there family rules about how many hours (Child's name) may watch television?	7303 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7304 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
7229 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7230 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7231 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7232 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name				
7236 <input type="text"/> Years 7243 <input type="text"/> <input type="text"/> Months	7237 <input type="text"/> Years 7244 <input type="text"/> <input type="text"/> Months	7238 <input type="text"/> Years 7245 <input type="text"/> <input type="text"/> Months	7239 <input type="text"/> Years 7246 <input type="text"/> <input type="text"/> Months				
7250 <input type="text"/> <input type="text"/> Number of hours	7251 <input type="text"/> <input type="text"/> Number of hours	7252 <input type="text"/> <input type="text"/> Number of hours	7253 <input type="text"/> <input type="text"/> Number of hours				
7257 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7259 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
7264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11				
7271 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7272 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7273 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7274 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None				
7278 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7279 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7280 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7281 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None				
7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7287 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108				
7292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7293 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7295 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
7299 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7301 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
7306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Check Item T68, page 108				

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

<b>CHECK ITEM T68</b>	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children aged 6 to 11 years, who live in this household?	7310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T72, page 114	
<b>CHECK ITEM T69</b>	Refer to cc items 18, 19, 24 and 27.  Beginning with the youngest child aged 6 to 11, enter the person numbers, ages, and names of children aged 6 to 11 years who are household members, for whom . . . is the designated parent or guardian.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		7311 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7312 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7313 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
		7318 <input type="text"/> <input type="text"/> Age	7319 <input type="text"/> <input type="text"/> Age	7320 <input type="text"/> <input type="text"/> Age
		Name _____	Name _____	Name _____
Complete all of items 14a–32 for each child listed before continuing with the next child.				
<b>14a. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care or pre-school programs, or by any family day care providers or babysitters?</b>	7325 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7327 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>b. Is (Child's name) now attending or enrolled in school?</b>	7332 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	7333 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	7334 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	
<b>15. Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?</b>	7339 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	7340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	7341 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	
<b>16a. What is the highest grade or year (Child's name) has completed?</b>	7346 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7347 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7348 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	
<b>b. Did (Child's name) ever attend kindergarten?</b>	7353 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	7354 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	7355 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	
<b>c. How old was (Child's name) in years and months when he/she first started kindergarten?</b>	7360 <input type="text"/> Years  7367 <input type="text"/> <input type="text"/> Months	7361 <input type="text"/> Years  7368 <input type="text"/> <input type="text"/> Months	7362 <input type="text"/> Years  7369 <input type="text"/> <input type="text"/> Months	

NOTES



# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
7314	<input type="text"/> <input type="text"/> Person No.	7315	<input type="text"/> <input type="text"/> Person No.	7316	<input type="text"/> <input type="text"/> Person No.	7317	<input type="text"/> <input type="text"/> Person No.
7321	<input type="text"/> <input type="text"/> Age	7322	<input type="text"/> <input type="text"/> Age	7323	<input type="text"/> <input type="text"/> Age	7324	<input type="text"/> <input type="text"/> Age
Name _____		Name _____		Name _____		Name _____	
7328 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		7329 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		7330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		7331 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
7335 1 <input type="checkbox"/> Yes - SKIP to 17, page 110 2 <input type="checkbox"/> No		7336 1 <input type="checkbox"/> Yes - SKIP to 17, page 110 2 <input type="checkbox"/> No		7337 1 <input type="checkbox"/> Yes - SKIP to 17, page 110 2 <input type="checkbox"/> No		7338 1 <input type="checkbox"/> Yes - SKIP to 17, page 110 2 <input type="checkbox"/> No	
7342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27, page 112		7343 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27, page 112		7344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27, page 112		7345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27, page 112	
7349 1 <input type="checkbox"/> Kindergarten - SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed		7350 1 <input type="checkbox"/> Kindergarten - SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed		7351 1 <input type="checkbox"/> Kindergarten - SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed		7352 1 <input type="checkbox"/> Kindergarten - SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	
7356 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T71, page 110		7357 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T71, page 110		7358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T71, page 110		7359 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T71, page 110	
7363 <input type="text"/> Years		7464 <input type="text"/> Years		7365 <input type="text"/> Years		7366 <input type="text"/> Years	
7370 <input type="text"/> <input type="text"/> Months		7371 <input type="text"/> <input type="text"/> Months		7372 <input type="text"/> <input type="text"/> Months		7373 <input type="text"/> <input type="text"/> Months	
NOTES							

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

		YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109. →		7374 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7375 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7376 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
<b>CHECK ITEM T70</b>	Refer to Item 16a, page 108 Is kindergarten marked?	7381 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7382 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7383 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22
<b>17. What grade or year in school is (Child's name) now attending?</b>		7388 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7389 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7390 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
<b>18. Is (Child's name) enrolled in public or private school?</b>		7395 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7396 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7397 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20
<b>19. Is (Child's name) school the regularly assigned school, or a school you chose?</b>		7402 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7403 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7404 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
<b>20. Is (Child's name) school affiliated with a religion?</b>		7409 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7411 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>21a. Did (Child's name) ever attend kindergarten?</b>	ASK OR VERIFY	7416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7417 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c
<b>b. How old was (Child's name) in years and months when he/she first started kindergarten?</b>		7423 <input type="text"/> Years 7430 <input type="text"/> <input type="text"/> Months } SKIP to 22	7424 <input type="text"/> Years 7431 <input type="text"/> <input type="text"/> Months } SKIP to 22	7425 <input type="text"/> Years 7432 <input type="text"/> <input type="text"/> Months } SKIP to 22
<b>CHECK ITEM T71</b>	Refer to 16a, page 108 Is box X3 – No grade completed marked?	7437 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7438 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7439 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No
<b>21c. How old was (Child's name) in years and months when he/she first started first grade?</b>		7444 <input type="text"/> Years 7451 <input type="text"/> <input type="text"/> Months	7445 <input type="text"/> Years 7452 <input type="text"/> <input type="text"/> Months	7446 <input type="text"/> Years 7453 <input type="text"/> <input type="text"/> Months
<b>22. Has (Child's name) changed schools since entering the first grade?</b>  Please DO NOT count changes that occurred as a result of graduating to middle school or junior high school.		7458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7459 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112
<b>23. How many times did (Child's name) change schools?</b>		7465 <input type="text"/> <input type="text"/> Number of times	7466 <input type="text"/> <input type="text"/> Number of times	7467 <input type="text"/> <input type="text"/> Number of times

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7377 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7378 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7379 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7380 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7384 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7385 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7386 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7387 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22
7391 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7392 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7393 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7394 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
7398 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7399 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7400 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7401 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20
7405 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7406 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7407 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7408 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
7412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7414 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7415 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7419 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7421 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c
7426 <input type="text"/> Years } SKIP to 22 7433 <input type="text"/> <input type="text"/> Months }	7427 <input type="text"/> Years } SKIP to 22 7434 <input type="text"/> <input type="text"/> Months }	7428 <input type="text"/> Years } SKIP to 22 7435 <input type="text"/> <input type="text"/> Months }	7429 <input type="text"/> Years } SKIP to 22 7436 <input type="text"/> <input type="text"/> Months }
7440 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7441 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7442 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7443 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No
7447 <input type="text"/> Years 7454 <input type="text"/> <input type="text"/> Months	7448 <input type="text"/> Years 7455 <input type="text"/> <input type="text"/> Months	7449 <input type="text"/> Years 7456 <input type="text"/> <input type="text"/> Months	7450 <input type="text"/> Years 7457 <input type="text"/> <input type="text"/> Months
7461 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7463 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 24, page 112
7468 <input type="text"/> <input type="text"/> Number of times	7469 <input type="text"/> <input type="text"/> Number of times	7470 <input type="text"/> <input type="text"/> Number of times	7471 <input type="text"/> <input type="text"/> Number of times



# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109.→	7472 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7473 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7474 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>24. Has (Child's name) repeated any grades, or been held back for any reason?</b>	7479 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.	7480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.	7481 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.
<b>25. Which grade or grades did (Child's name) repeat?</b>  Mark (X) all that apply.	7486 1 <input type="checkbox"/> Kindergarten 7493 2 <input type="checkbox"/> First grade 7500 3 <input type="checkbox"/> Second grade 7507 4 <input type="checkbox"/> Third grade 7514 5 <input type="checkbox"/> Fourth grade 7521 6 <input type="checkbox"/> Fifth grade 7528 7 <input type="checkbox"/> Sixth grade 7535 8 <input type="checkbox"/> Seventh grade 7542 9 <input type="checkbox"/> Eighth grade or higher	7487 1 <input type="checkbox"/> Kindergarten 7494 2 <input type="checkbox"/> First grade 7501 3 <input type="checkbox"/> Second grade 7508 4 <input type="checkbox"/> Third grade 7515 5 <input type="checkbox"/> Fourth grade 7522 6 <input type="checkbox"/> Fifth grade 7529 7 <input type="checkbox"/> Sixth grade 7536 8 <input type="checkbox"/> Seventh grade 7543 9 <input type="checkbox"/> Eighth grade or higher	7488 1 <input type="checkbox"/> Kindergarten 7495 2 <input type="checkbox"/> First grade 7502 3 <input type="checkbox"/> Second grade 7509 4 <input type="checkbox"/> Third grade 7516 5 <input type="checkbox"/> Fourth grade 7523 6 <input type="checkbox"/> Fifth grade 7530 7 <input type="checkbox"/> Sixth grade 7537 8 <input type="checkbox"/> Seventh grade 7544 9 <input type="checkbox"/> Eighth grade or higher
<b>26. Does (Child's name) go to a special class for gifted students, or do advanced work in any subjects?</b>	7549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>27. Is (Child's name) on a sports team either in or out of school?</b>	7556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>28. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?</b>	7563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>29. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Girls or Boys club?</b>	7570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>30. Are there family rules for (Child's name) about what television programs he/she can watch?</b>	7577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>31. Are there family rules about how early or late (Child's name) may watch television?</b>	7584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>32. Are there family rules about how many hours (Child's name) may watch television?</b>	7591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	7592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	7593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>7475</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7476</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7477</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7478</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>7482</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 26 X2 <input type="checkbox"/> Ref.	<b>7483</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 26 X2 <input type="checkbox"/> Ref.	<b>7484</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 26 X2 <input type="checkbox"/> Ref.	<b>7485</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 26 X2 <input type="checkbox"/> Ref.
<b>7489</b> 1 <input type="checkbox"/> Kindergarten <b>7496</b> 2 <input type="checkbox"/> First grade <b>7503</b> 3 <input type="checkbox"/> Second grade <b>7510</b> 4 <input type="checkbox"/> Third grade <b>7517</b> 5 <input type="checkbox"/> Fourth grade <b>7524</b> 6 <input type="checkbox"/> Fifth grade <b>7531</b> 7 <input type="checkbox"/> Sixth grade <b>7538</b> 8 <input type="checkbox"/> Seventh grade <b>7545</b> 9 <input type="checkbox"/> Eighth grade or higher	<b>7490</b> 1 <input type="checkbox"/> Kindergarten <b>7497</b> 2 <input type="checkbox"/> First grade <b>7504</b> 3 <input type="checkbox"/> Second grade <b>7511</b> 4 <input type="checkbox"/> Third grade <b>7518</b> 5 <input type="checkbox"/> Fourth grade <b>7525</b> 6 <input type="checkbox"/> Fifth grade <b>7532</b> 7 <input type="checkbox"/> Sixth grade <b>7539</b> 8 <input type="checkbox"/> Seventh grade <b>7546</b> 9 <input type="checkbox"/> Eighth grade or higher	<b>7491</b> 1 <input type="checkbox"/> Kindergarten <b>7498</b> 2 <input type="checkbox"/> First grade <b>7505</b> 3 <input type="checkbox"/> Second grade <b>7512</b> 4 <input type="checkbox"/> Third grade <b>7519</b> 5 <input type="checkbox"/> Fourth grade <b>7526</b> 6 <input type="checkbox"/> Fifth grade <b>7533</b> 7 <input type="checkbox"/> Sixth grade <b>7540</b> 8 <input type="checkbox"/> Seventh grade <b>7547</b> 9 <input type="checkbox"/> Eighth grade or higher	<b>7492</b> 1 <input type="checkbox"/> Kindergarten <b>7499</b> 2 <input type="checkbox"/> First grade <b>7506</b> 3 <input type="checkbox"/> Second grade <b>7513</b> 4 <input type="checkbox"/> Third grade <b>7520</b> 5 <input type="checkbox"/> Fourth grade <b>7527</b> 6 <input type="checkbox"/> Fifth grade <b>7534</b> 7 <input type="checkbox"/> Sixth grade <b>7541</b> 8 <input type="checkbox"/> Seventh grade <b>7548</b> 9 <input type="checkbox"/> Eighth grade or higher
<b>7552</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7553</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7554</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7555</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7559</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7560</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7561</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7562</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7566</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7567</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7568</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7569</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7573</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7574</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7575</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7576</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7580</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7581</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7582</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7583</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7587</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7588</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7589</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	<b>7595</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	<b>7596</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	<b>7597</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to Check Item T72, page 114

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

<b>CHECK ITEM T72</b>	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children aged 12 to 17 who live in this household?	7598	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T76, page 122												
<b>CHECK ITEM T73</b>	Refer to cc items 18, 19, 24 and 27.  Beginning with the youngest child aged 12 to 17, enter the person numbers, ages, and names of children aged 12 to 17 years who are household members, for whom . . . is the designated parent or guardian.	<table border="1"> <thead> <tr> <th>YOUNGEST</th> <th>SECOND YOUNGEST</th> <th>THIRD YOUNGEST</th> </tr> </thead> <tbody> <tr> <td>7599 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</td> <td>7600 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</td> <td>7601 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</td> </tr> <tr> <td>7606 <input type="text"/> <input type="text"/> Age</td> <td>7607 <input type="text"/> <input type="text"/> Age</td> <td>7608 <input type="text"/> <input type="text"/> Age</td> </tr> <tr> <td>Name _____</td> <td>Name _____</td> <td>Name _____</td> </tr> </tbody> </table>	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST	7599 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7600 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7601 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7606 <input type="text"/> <input type="text"/> Age	7607 <input type="text"/> <input type="text"/> Age	7608 <input type="text"/> <input type="text"/> Age	Name _____	Name _____	Name _____	
YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST													
7599 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7600 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7601 <input type="text"/> <input type="text"/> <input type="text"/> Person No.													
7606 <input type="text"/> <input type="text"/> Age	7607 <input type="text"/> <input type="text"/> Age	7608 <input type="text"/> <input type="text"/> Age													
Name _____	Name _____	Name _____													
Complete all of items 33–54 for each child listed before continuing with the next child.															
<b>33. Is (Child's name) currently attending or enrolled in school?</b>	7613 1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No	7614 1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No	7615 1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No												
<b>34. Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?</b>	7620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118	7621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118	7622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118												
<b>35a. What is the highest grade or year (Child's name) has completed?</b>	7627 1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7628 1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7629 1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed												
<b>b. Did (Child's name) ever attend kindergarten?</b>	7634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116	7635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116	7636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116												
<b>c. How old was (Child's name) in years and months when he/she first started kindergarten?</b>	7641 <input type="text"/> Years 7648 <input type="text"/> <input type="text"/> Months	7642 <input type="text"/> Years 7649 <input type="text"/> <input type="text"/> Months	7643 <input type="text"/> Years 7650 <input type="text"/> <input type="text"/> Months												
<b>CHECK ITEM T74</b>	Refer to 35a. Is kindergarten marked?	7655 1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116	7656 1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116												
7657 1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116															

NOTES



# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
7602	Person No.	7603	Person No.	7604	Person No.	7605	Person No.
7609	Age	7610	Age	7611	Age	7612	Age
Name		Name		Name		Name	
7616	1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No	7617	1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No	7618	1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No	7619	1 <input type="checkbox"/> Yes – SKIP to 36, page 116 2 <input type="checkbox"/> No
7623	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118	7624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118	7625	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118	7626	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 49, page 118
7630	1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7631	1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7632	1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7633	1 <input type="checkbox"/> Kindergarten – SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed
7637	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116	7638	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116	7639	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116	7640	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T75, page 116
7644	Years	7645	Years	7646	Years	7647	Years
7651	Months	7652	Months	7653	Months	7654	Months
7658	1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116	7659	1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116	7660	1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116	7661	1 <input type="checkbox"/> Yes – SKIP to 49, page 118 2 <input type="checkbox"/> No – SKIP to 42, page 116
NOTES							

# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115.→	7662 <input type="text"/> <input type="text"/> Person No. Name _____	7663 <input type="text"/> <input type="text"/> Person No. Name _____	7664 <input type="text"/> <input type="text"/> Person No. Name _____
ASK OR VERIFY			
36. What grade or year in school is (Child's name) attending?	7669 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7670 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7671 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more
37. Is (Child's name) enrolled in public or private school?	7676 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39	7677 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39	7678 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39
38. Is (Child's name) school the regularly assigned school, or a school you chose?	7683 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40	7684 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40	7685 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40
39. Is (Child's name) school affiliated with a religion?	7690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7692 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
40. Did (Child's name) ever attend kindergarten?	7697 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b	7698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b	7699 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b
41a. How old was (Child's name) in years and months when he/she first started kindergarten?	7704 <input type="text"/> Years } SKIP to 42 7711 <input type="text"/> Months }	7705 <input type="text"/> Years } SKIP to 42 7712 <input type="text"/> Months }	7706 <input type="text"/> Years } SKIP to 42 7713 <input type="text"/> Months }
CHECK ITEM T75 Refer to 35a Is box X3 - No grade completed marked?	7718 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No	7719 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No	7720 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No
41b. How old was (Child's name) in years and months when he/she first started first grade?	7725 <input type="text"/> Years 7732 <input type="text"/> Months	7726 <input type="text"/> Years 7733 <input type="text"/> Months	7727 <input type="text"/> Years 7734 <input type="text"/> Months
42. Has (Child's name) changed schools since entering the first grade?  Please DO NOT count changes that occurred as a result of graduating to middle school, junior high or high school.	7739 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 44, page 118 x2 <input type="checkbox"/> Ref. }	7740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 44, page 118 x2 <input type="checkbox"/> Ref. }	7741 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 44, page 118 x2 <input type="checkbox"/> Ref. }
43. How many times did (Child's name) change schools?	7746 <input type="text"/> Number of times	7747 <input type="text"/> Number of times	7748 <input type="text"/> Number of times

# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
7665	Person No. Name	7666	Person No. Name	7667	Person No. Name	7668	Person No. Name
7672	1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7673	1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7674	1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7675	1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more
7679	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39	7680	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39	7681	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39	7682	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 39
7686	1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40	7687	1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40	7688	1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40	7689	1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 40
7693	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7694	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7695	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7696	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b	7701	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b	7702	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b	7703	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41b
7707	<input type="text"/> Years } SKIP to 42	7708	<input type="text"/> Years } SKIP to 42	7709	<input type="text"/> Years } SKIP to 42	7710	<input type="text"/> Years } SKIP to 42
7714	<input type="text"/> Months	7715	<input type="text"/> Months	7716	<input type="text"/> Months	7717	<input type="text"/> Months
7721	1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No	7722	1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No	7723	1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No	7724	1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No
7728	<input type="text"/> Years	7729	<input type="text"/> Years	7730	<input type="text"/> Years	7731	<input type="text"/> Years
7735	<input type="text"/> Months	7736	<input type="text"/> Months	7737	<input type="text"/> Months	7738	<input type="text"/> Months
7742	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 44, page 118	7743	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 44, page 118	7744	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 44, page 118	7745	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 44, page 118
7749	<input type="text"/> Number of times	7750	<input type="text"/> Number of times	7751	<input type="text"/> Number of times	7752	<input type="text"/> Number of times



# Section 5 - TOPICAL MODULES (Continued)

## Part I - CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115.→	7753 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7754 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7755 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>44. Has (Child's name) repeated any grades, or been held back for any reason?</b>	7760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 46 X2 <input type="checkbox"/> Ref.	7761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 46 X2 <input type="checkbox"/> Ref.	7762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 46 X2 <input type="checkbox"/> Ref.
<b>45. Which grade or grades did (Child's name) repeat?</b>  Mark (X) all that apply.	7767 1 <input type="checkbox"/> Kindergarten 7774 2 <input type="checkbox"/> First grade 7781 3 <input type="checkbox"/> Second grade 7788 4 <input type="checkbox"/> Third grade 7795 5 <input type="checkbox"/> Fourth grade 7802 6 <input type="checkbox"/> Fifth grade 7809 7 <input type="checkbox"/> Sixth grade 7816 8 <input type="checkbox"/> Seventh grade 7823 9 <input type="checkbox"/> Eighth grade 7830 10 <input type="checkbox"/> Ninth grade 7837 11 <input type="checkbox"/> Tenth grade 7844 12 <input type="checkbox"/> Eleventh grade 7851 13 <input type="checkbox"/> Twelfth grade	7768 1 <input type="checkbox"/> Kindergarten 7775 2 <input type="checkbox"/> First grade 7782 3 <input type="checkbox"/> Second grade 7789 4 <input type="checkbox"/> Third grade 7796 5 <input type="checkbox"/> Fourth grade 7803 6 <input type="checkbox"/> Fifth grade 7810 7 <input type="checkbox"/> Sixth grade 7817 8 <input type="checkbox"/> Seventh grade 7824 9 <input type="checkbox"/> Eighth grade 7831 10 <input type="checkbox"/> Ninth grade 7838 11 <input type="checkbox"/> Tenth grade 7845 12 <input type="checkbox"/> Eleventh grade 7852 13 <input type="checkbox"/> Twelfth grade	7769 1 <input type="checkbox"/> Kindergarten 7776 2 <input type="checkbox"/> First grade 7783 3 <input type="checkbox"/> Second grade 7790 4 <input type="checkbox"/> Third grade 7797 5 <input type="checkbox"/> Fourth grade 7804 6 <input type="checkbox"/> Fifth grade 7811 7 <input type="checkbox"/> Sixth grade 7818 8 <input type="checkbox"/> Seventh grade 7825 9 <input type="checkbox"/> Eighth grade 7832 10 <input type="checkbox"/> Ninth grade 7839 11 <input type="checkbox"/> Tenth grade 7846 12 <input type="checkbox"/> Eleventh grade 7853 13 <input type="checkbox"/> Twelfth grade
<b>46. Has (Child's name) ever been suspended, excluded, or expelled from school?</b>	7858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 49 X2 <input type="checkbox"/> Ref.	7859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 49 X2 <input type="checkbox"/> Ref.	7860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 49 X2 <input type="checkbox"/> Ref.
<b>47. How many times has this happened?</b>	7865 <input type="text"/> <input type="text"/> Number of times	7866 <input type="text"/> <input type="text"/> Number of times	7867 <input type="text"/> <input type="text"/> Number of times
<b>48. What grade was (Child's name) in when this happened?</b>  (The first time?)	7872 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7873 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7874 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade
<b>49. Is (Child's name) on a sports team, either in or out of school?</b>	7879 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7880 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7881 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>50. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?</b>	7886 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7887 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7888 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>51. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as school newspaper, glee club, a religious group, or Scouts?</b>	7893 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7894 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7895 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>7756</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7757</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7758</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7759</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>7763</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 46	<b>7764</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 46	<b>7765</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 46	<b>7766</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 46
<b>7770</b> 1 <input type="checkbox"/> Kindergarten <b>7777</b> 2 <input type="checkbox"/> First grade <b>7784</b> 3 <input type="checkbox"/> Second grade <b>7791</b> 4 <input type="checkbox"/> Third grade <b>7798</b> 5 <input type="checkbox"/> Fourth grade <b>7805</b> 6 <input type="checkbox"/> Fifth grade <b>7812</b> 7 <input type="checkbox"/> Sixth grade <b>7819</b> 8 <input type="checkbox"/> Seventh grade <b>7826</b> 9 <input type="checkbox"/> Eighth grade <b>7833</b> 10 <input type="checkbox"/> Ninth grade <b>7840</b> 11 <input type="checkbox"/> Tenth grade <b>7847</b> 12 <input type="checkbox"/> Eleventh grade <b>7854</b> 13 <input type="checkbox"/> Twelfth grade	<b>7771</b> 1 <input type="checkbox"/> Kindergarten <b>7778</b> 2 <input type="checkbox"/> First grade <b>7785</b> 3 <input type="checkbox"/> Second grade <b>7792</b> 4 <input type="checkbox"/> Third grade <b>7799</b> 5 <input type="checkbox"/> Fourth grade <b>7806</b> 6 <input type="checkbox"/> Fifth grade <b>7813</b> 7 <input type="checkbox"/> Sixth grade <b>7820</b> 8 <input type="checkbox"/> Seventh grade <b>7827</b> 9 <input type="checkbox"/> Eighth grade <b>7834</b> 10 <input type="checkbox"/> Ninth grade <b>7841</b> 11 <input type="checkbox"/> Tenth grade <b>7848</b> 12 <input type="checkbox"/> Eleventh grade <b>7855</b> 13 <input type="checkbox"/> Twelfth grade	<b>7772</b> 1 <input type="checkbox"/> Kindergarten <b>7779</b> 2 <input type="checkbox"/> First grade <b>7786</b> 3 <input type="checkbox"/> Second grade <b>7793</b> 4 <input type="checkbox"/> Third grade <b>7800</b> 5 <input type="checkbox"/> Fourth grade <b>7807</b> 6 <input type="checkbox"/> Fifth grade <b>7814</b> 7 <input type="checkbox"/> Sixth grade <b>7821</b> 8 <input type="checkbox"/> Seventh grade <b>7828</b> 9 <input type="checkbox"/> Eighth grade <b>7835</b> 10 <input type="checkbox"/> Ninth grade <b>7842</b> 11 <input type="checkbox"/> Tenth grade <b>7849</b> 12 <input type="checkbox"/> Eleventh grade <b>7856</b> 13 <input type="checkbox"/> Twelfth grade	<b>7773</b> 1 <input type="checkbox"/> Kindergarten <b>7780</b> 2 <input type="checkbox"/> First grade <b>7787</b> 3 <input type="checkbox"/> Second grade <b>7794</b> 4 <input type="checkbox"/> Third grade <b>7801</b> 5 <input type="checkbox"/> Fourth grade <b>7808</b> 6 <input type="checkbox"/> Fifth grade <b>7815</b> 7 <input type="checkbox"/> Sixth grade <b>7822</b> 8 <input type="checkbox"/> Seventh grade <b>7829</b> 9 <input type="checkbox"/> Eighth grade <b>7836</b> 10 <input type="checkbox"/> Ninth grade <b>7843</b> 11 <input type="checkbox"/> Tenth grade <b>7850</b> 12 <input type="checkbox"/> Eleventh grade <b>7857</b> 13 <input type="checkbox"/> Twelfth grade
<b>7861</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 49	<b>7862</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 49	<b>7863</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 49	<b>7864</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 49
<b>7868</b> <input type="text"/> <input type="text"/> Number of times	<b>7869</b> <input type="text"/> <input type="text"/> Number of times	<b>7870</b> <input type="text"/> <input type="text"/> Number of times	<b>7871</b> <input type="text"/> <input type="text"/> Number of times
<b>7875</b> 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	<b>7876</b> 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	<b>7877</b> 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	<b>7878</b> 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade
<b>7882</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7883</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7884</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7885</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7889</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7890</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7891</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7892</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>7896</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7897</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7898</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7899</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	<b>7900</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7901</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7902</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>52. Are there family rules for (Child's name) about what television programs he/she can watch?</b>	<b>7907</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7908</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7909</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>53. Are there family rules about how early or late (Child's name) may watch television?</b>	<b>7914</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7915</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	<b>7916</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>54. Are there family rules about how many hours (Child's name) may watch television?</b>	<b>7921</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child	<b>7922</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child	<b>7923</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.  GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child

NOTES



# Section 5 – TOPICAL MODULES (Continued)

## Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>7903</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>7904</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>7905</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	<b>7906</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 
<b>7910</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7911</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7912</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7913</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>7917</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7918</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7919</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7920</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>7924</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child	<b>7925</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child	<b>7926</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child	<b>7927</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO Check Item T76, page 122

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part I – CHILDREN'S WELL-BEING

**CHECK  
ITEM T76**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian  
of children under the age of 18 who live  
in this household?

7928

1 ☐ Yes

2 ☐ No – SKIP to Check Item T77

**The next few questions are about your (neighborhood/community)**

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next few questions, we are going to use what we call a "how much" scale. It goes from zero to ten, where zero means "not at all" and ten means "the most". Here's an example of how it works. If I ask "How much do you like vanilla ice cream?", and you like it a lot but it isn't your favorite, you might say "7" or "8". If you don't like it very much, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

**55. How much would you say that —**

a. People in this (neighborhood/community) help each other out?

7929

 

b. We watch out for each other's children in this (neighborhood/community)?

7930

 

c. There are people I can count on in this (neighborhood/community)?

7931

 

d. There are people in this (neighbor/community) who might be a bad influence on my child(ren)?

7932

 

e. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

7933

 

f. I keep my children inside my home as much as possible because of dangers in the (neighborhood/community)?

7934

 

g. There are safe places in the (neighborhood/community) for children to play outside?

7935

 

– SKIP TO 56

**CHECK  
ITEM T77**

Is this the reference person's  
questionnaire?

7936

1 ☐ Yes

2 ☐ No – SKIP to Check Item C1

**The next few questions are about your (neighborhood/community).**

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next three questions, we are going to use what we call a "worst–best" scale. It goes from zero to ten, where zero means "the worst possible" and ten means "the best possible". Here's an example of how it works. If I ask "as ice cream flavors go, how do you like vanilla ice cream," and you like vanilla a lot but it's not your favorite flavor, you might say "7" or "8". If vanilla is one of your least favorite ice cream flavors, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

**56. On a scale of 0 to 10, where 0 is the worst and 10 is the best, how would you rate —**

a. This (home/apartment) as a place to live?

7937

 

b. This (neighborhood/community)?

7938

 

c. The quality of education in local schools?

7939

 

(SHOW FLASHCARD MM)

**57. Do you consider your (neighborhood/community) very safe from crime, fairly safe, fairly unsafe, or very unsafe?**

7940

- 1 ☐ Very safe  
2 ☐ Fairly safe  
3 ☐ Fairly unsafe  
4 ☐ Very unsafe  
x1 ☐ DK

**58. How about your home? Do you consider it very safe from crime, fairly safe, fairly unsafe, or very unsafe?**

7941

- 1 ☐ Very safe  
2 ☐ Fairly safe  
3 ☐ Fairly unsafe  
4 ☐ Very unsafe  
x1 ☐ DK

**GO to Check Item C1**

CALLBACK SUMMARY